

Iowa's Application to the Edward Byrne Memorial Justice Assistance Grant (JAG) Program FFY 2009

CFDA 16.803

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ACKNOWLEDGMENTS

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American Recovery and Reinvestment Act (ARRA) of 2009

Byrne-JAG funding received by the state of Iowa will be used to fund program activities approved by Congress. Special emphasis will be placed on programs which stimulate the economy through hiring new staff or preserving existing staff.

To maximize the stability of the reinvestment activities in Iowa, the Governor's Office of Drug Control Policy will implement a three year expenditure plan for this award. Approximately fifty percent of the award will be committed to state fiscal year 2010 and 25% of the award in each of the following two fiscal years.

ODCP anticipates that no less than 85% of funding from this award will be used to support salary and benefits for law enforcement, prosecution, corrections, drug treatment/prevention, and evaluation staff. We expect to fund 84 positions for a period of three years with the assistance of this grant.

Recovery Act funds will be tracked, accounted for, and reported on separately from all other funds. The state of Iowa's accounting system will ensure that funds are not comingled with funds from other sources. A specific line item for this grant will be entered into the state accounting system which will track drawdowns and expenditures separately from other state and federal spending.

Funding from this grant award will be awarded on a competitive basis. The application process for this award began in late February. Application review will take place in April and May with funding decisions and contracting in June. Grant funding will be available to successful applicants beginning July 1, 2009.

Implementation/Time Task Plan

	09				10				11				12			
	Feb-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec
Application and receipt of federal Byrne-JAG funding	X	X														
Sub-grantees invited to make application for competitive grant process	X				X				X				X			
Competitive grant applications reviewed and funding decisions made		X				X				X				X		
Successful applicants notified. Sub grant contracts executed		X				X				X				X		
Beginning of sub grantee contract period. <i>Sub-grant contracts cover state fiscal year (July-June)</i>		X				X				X				X		
Grant funded program activities			X	X	X	X	X	X	X	X	X	X	X	X		
Quarterly financial reporting		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Quarterly program reporting and assessment of program activities			X	X	X	X	X	X	X	X	X	X	X	X	X	
Sub-grantee final reporting and closeout							X				X				X	
Final reporting and grant closeout – federal grant															X	X

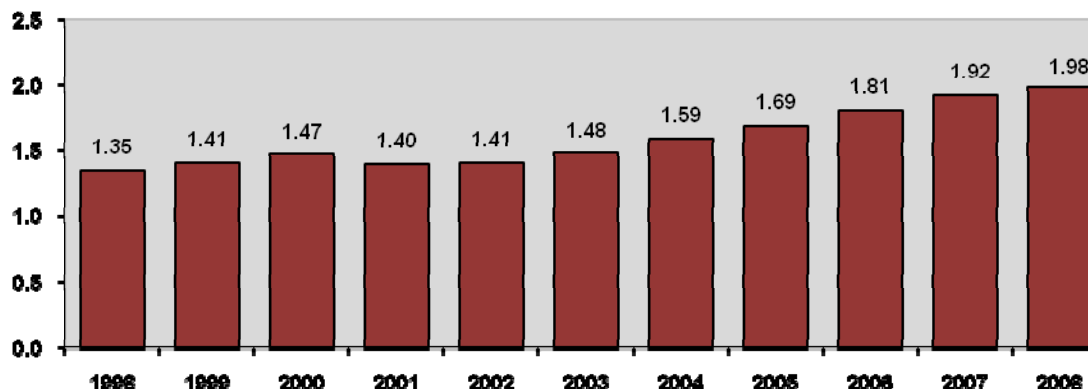
Data and Analysis of Need

Iowa's Adult Population Alcohol Use/Abuse

Historically, alcohol is the most prevalent substance of use and abuse by adults in Iowa. Research from the “Behavioral Risk Factor Surveillance System” compiled by the federal Centers for Disease Control and Prevention indicates that almost six of every ten adult Iowans are classified as current drinkers of alcoholic beverages. Further, one in five adult Iowans is classified as a binge drinker of alcoholic beverages, a classification indicative of abuse of, or addiction to the substance.

In order to better understand some of the social implications resulting from the widespread use and abuse of this substance, data indicators concerning the use of alcohol, are presented below.

Figure 1 – Absolute Alcohol Sales in Gallons Per Capita, SFY 1998 – 2008



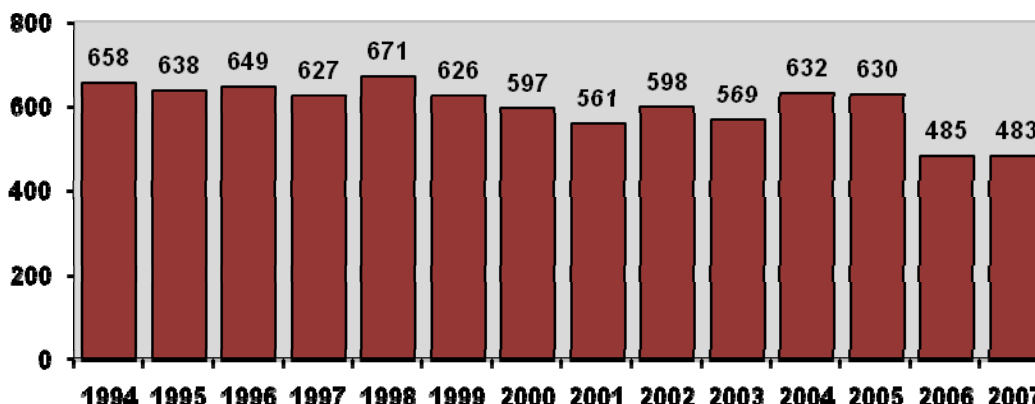
Source: Iowa Department of Commerce, Alcoholic Beverages Division

Figure 1 displays data compiled by the Iowa Department of Commerce, Alcoholic Beverages Division, reporting the sale of alcoholic beverages within the State of Iowa, and represents by inference the consumption of those beverages by adult Iowans.

Figure 1 indicates that since 1998 alcohol consumption has steadily increased reaching its current high of 1.98 gallons per capita in FY 2008. This amount equates to the combined consumption of 2½ full-sized kegs of beer, 8½ bottles of wine and 253 one ounce shots of liquor for every adult in the state in a one year period.

The use of alcohol has been implicated in certain forms of behavior that are detrimental to peace, health, safety and well-being of individuals as well as to society as a whole. Some of these behaviors are examined below.

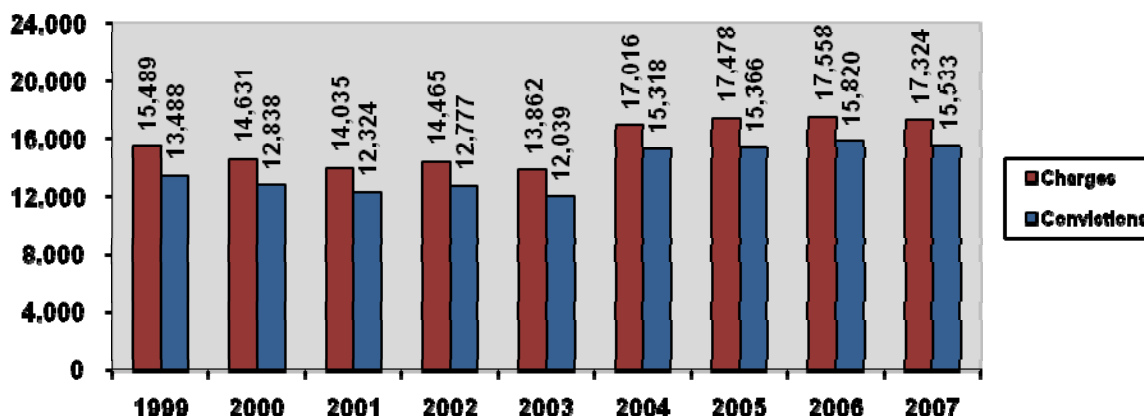
Figure 2 – OWI Arrest Rate/100,000 Population, CY 1994 – 2007



Source: Iowa Department of Public Safety

During the period of calendar years 1994 - 2007, more arrests were made in Iowa for Operating While Intoxicated (OWI) than for any other single criminal offense. Although the OWI arrest rate remained consistently high for 12 years, the past two years have seen nearly a 25% reduction. See Figure 2.

Figure 3 – Reported Number of OWI Charges Disposed and Number of OWI Convictions, CY 1999 – 2007

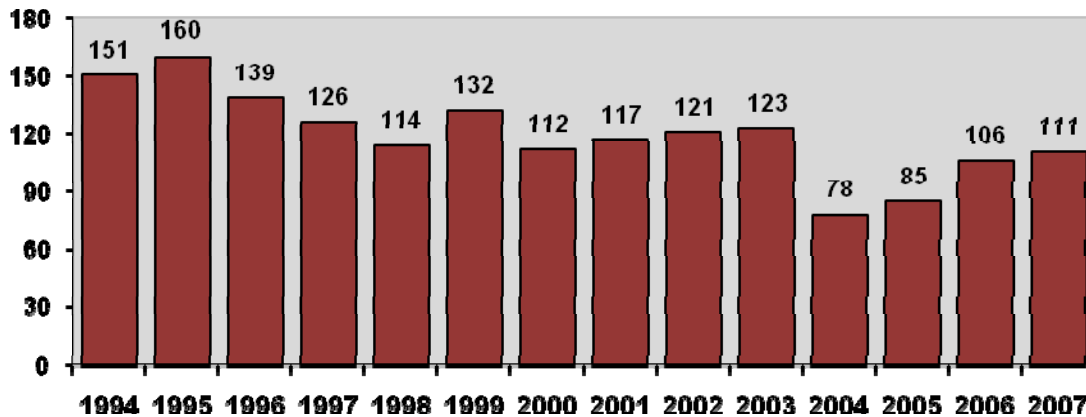


Source: Division of Criminal and Juvenile Justice Planning

**Charges and convictions included in this table do not include cases in which a deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.*

Clerk of Court data compiled by the Division of Criminal and Juvenile Justice Planning (CJJP) indicates that both the number of OWI charges disposed and the number of OWI convictions reported by the courts have remained quite high for the reporting period. OWI arbitrations represent a significant proportion of the criminal caseload in Iowa courts. In 2007, OWI represented 20% of the charges disposed and 29% of the overall convictions for serious misdemeanors and above. There has been little change in these figures when compared to a large drop in the arrest rate. See Figure 3.

Figure 4 – Alcohol-Related Motor Vehicle Fatalities in Iowa CY 1994 – 2007

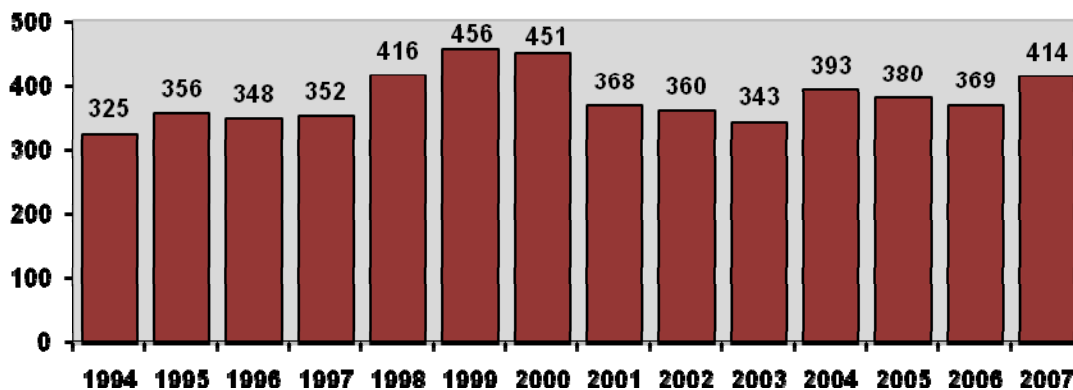


Source: Iowa Department of Transportation

In 2004, the DOT reported the fewest alcohol related fatalities in an eleven-year reporting period. However, alcohol/impaired driving related motor vehicle fatalities over the past four years, reported by the Iowa Department of Transportation, are on the rise again. See Figure 4.

An examination of the rates for reported arrests for drunkenness (public intoxication) reveals an upward trend from 1994 – 1999, reaching a fourteen-year high of 456 per 100,000 population in 1999. Data for 2007 indicates the second highest rate for this reporting period. See Figure 5.

Figure 5 – Drunkenness Arrest Rate/100,000 Population, CY 1994 – 2007



Source: Iowa Department of Public Safety

The Iowa Department of Public Health requires all licensed substance abuse treatment providers report data on services provided through the SARS/I-SMART data system. Among other things, the system is capable of tracking the number of clients served, along with the drug(s) of choice and post-treatment outcome measures. See Figures 6a and 6b.

**Figure 6a - Primary Substance of Abuse for Clients
Screened/Admitted to Substance Abuse Treatment SFY 2008**

Primary Substance	Juvenile Clients	Adult Clients	% of Total Screens/Admissions
Alcohol	1,850 (40.4%)	25,751 (64.4%)	61.9%
Marijuana	2,530 (55.2%)	7,623 (19.1%)	22.8%
Methamphetamine	54 (1.2%)	3,309 (8.3%)	7.5%
Cocaine/Crack	38 (0.8%)	1,973 (4.9%)	4.5%
Other/Unknown	112 (2.4%)	1,351 (3.4%)	3.3%
Total			100 %

Source: Iowa Department of Public Health

**Figure 6b - Primary Substance of Abuse for Adult and Juvenile Clients
Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2008**

Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
1992	85%	7.0%	1.0%	5%	0.5%	1.5%	22,471
1993	82%	9.0%	1.3%	5%	0.7%	2.0%	22,567
1994	78%	11.0%	2.2%	6%	0.8%	4.0%	25,328
1995	69%	14.3%	7.3%	6%	0.7%	2.7%	29,377
1996	64%	18.1%	9.1%	6%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297
1998	60%	20%	12.0%	6%	0.5%	1.5%	38,347
1999	63%	20%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.5%	1.5%	43,217
2001	60.5%	22.2%	10.7%	4.6%	0.5%	1.5%	44,147
2002	58.5%	22.7%	12.3%	4.2%	0.5%	1.8%	42,911
2003	57.5%	21.8%	13.4%	4.6%	0.6%	1.9%	40,925
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	.6%	1.9%	43,692
2006	55.9%	22.8%	13.6%	5.1%	.5%	2.2%	44,863
2007	58.3%	22.5%	10.7%	5.2%	.4%	2.9%	47,252
2008	61.9%	22.7%	7.5%	4.5%	.4%	2.9%	44,528

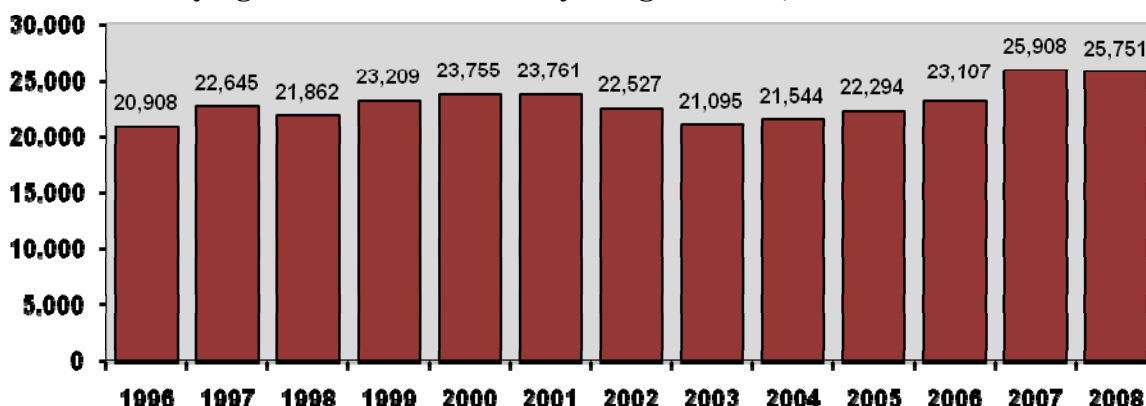
**In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.*

Source: Iowa Department of Public Health

According to the Department of Public Health's substance abuse data system, the number of clients screened/admitted for substance abuse treatment in Iowa remains high. Public Health reported 44,528 clients screened/admitted in FY 2008, nearly double the number 16 years ago. See Figure 6b.

Outcome measures provided by the Iowa Department of Public Health show a significant impact for those involved in substance abuse treatment. According to client interviews conducted six months after discharge, the abstinence rate in 2007 was 46.3 %, the employment rate was 41.2% and 84.3% of treatment clients were arrest free during this time period.

Figure 7 – The Number of *Adult* Substance Abuse Treatment Screenings/Admissions Identifying Alcohol as the Primary Drug of Abuse, SFY 1996 – 2008

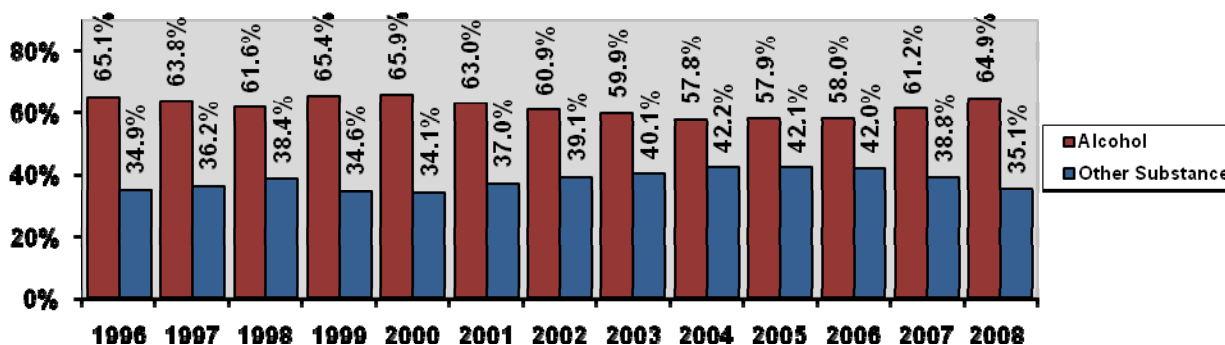


Source: Iowa Department of Public Health

SARS data show that alcohol remains by far the number one substance of abuse in Iowa. The data indicate that the number of adults screened or seeking substance abuse treatment with a reported primary substance of alcohol increased 22% from 2003 to 2008. More people were screened/admitted for alcohol in 2007 than any other year and more than alcohol and drugs combined in 1992. See Figures 6b and 7.

As a *percent* of total screens/admissions, alcohol lost ground to other drugs such as marijuana, methamphetamine, and cocaine in the late 1990s. This was due to the fact that screenings/admissions reported for these drugs increased at a rate greater than that of alcohol. In the past few years, however, alcohol admissions have increased at a faster pace than illicit drugs. In 2008, the percentage of alcohol admissions reached its highest peak since 2000. See Figure 8.

Figure 8 – Primary Substance of Abuse for *Adults* Screened/Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2008



Source: Iowa Department of Public Health

Adverse societal consequences resulting from the use of alcohol are not limited to criminal acts based solely upon the use of the substance such as OWI and drunkenness. A number of studies

have found that alcohol is considered a contributing factor in the commission of a variety of criminal offenses.

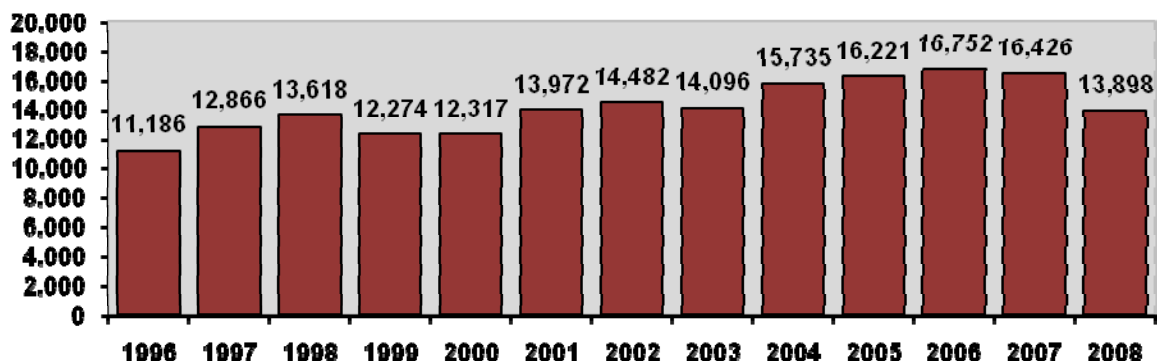
Although some of the data indicate a decrease in occurrence, alcohol remains the primary substance of abuse by adults in Iowa. The level of alcohol consumption within the state increased slowly over the past decade. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains disproportionately high. The number of OWI arrests and OWI court arbitrations continue to burden the court system, representing more than a quarter of the convictions for indictable misdemeanors and felonies.

Illegal Drug Use in Iowa – General Indicators of the Trend in Adult Drug Abuse in Iowa

Several data indicators may describe the growth or decline of illegal drug use in Iowa. One such indicator is the number of adults seeking substance abuse treatment. The Substance Abuse Reporting System (SARS) data indicate the number of screenings/admissions for the treatment of a primary substance of abuse other than alcohol rose 36.5% from SFY 1999 to SFY 2006. That number has decreased for the past two years. That trend is displayed in Figure 9.

As a percentage of overall screenings/admissions to treatment, non-alcohol admissions have ranged from 34.1% to 42.2%. Alcohol related admissions in each of the past three years have increased at a rate greater than other substances. See Figure 8.

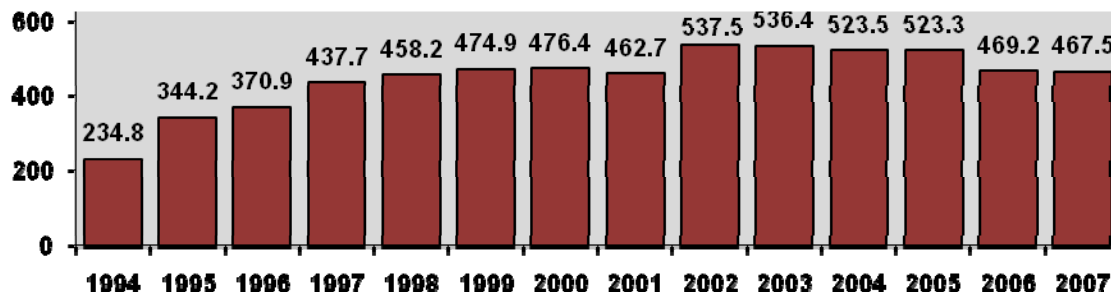
Figure 9– SARS Reported Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 1996 - 2008



Source:
e: Iowa Department of Public Health

Another indicator is derived from data collected by the Department of Public Safety relative to the adjusted arrest rate per 100,000 population for drug related offenses. While a slight reduction was reported in each of the past five years, the arrest rate for drug offenses remains approximately double the rate reported by DPS in 1994. See Figure 10.

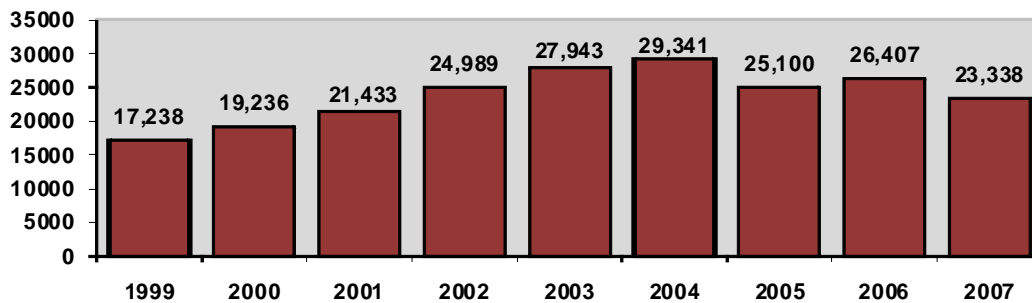
Figure 10 – Adult Arrest Rate/100,000 Population for Drug Offenses, CY 1994 – 2007



Source: Iowa Department of Public Safety

Data collected by the Division of Criminal and Juvenile Justice Planning illustrate two additional facets of the trends in substance abuse as they relate to Iowa's District Court System. These data are displayed in Figures 11 and 12, and include indictable misdemeanors and felonies.

Figure 11 –Drug Charges Disposed, CY 1999 – 2007

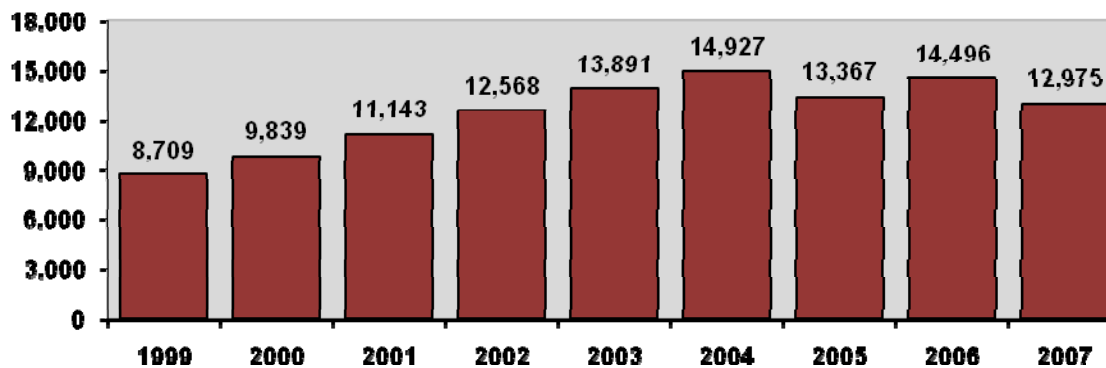


Source: Criminal and Juvenile Justice Planning

**Charges and convictions included in Figures 11 and 12 do not include cases whose deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.*

Figure 11 displays an 11.6% decrease from 2006 to 2007 in the number of indictable misdemeanor and felony drug charges disposed by the Iowa District Court. Drug related convictions also decreased (10.5%). See figure 12. Despite the recent reduction, drug cases constitute a significant proportion of the court docket in Iowa, representing 26.6% of the charges and 24.1% of the convictions for indictable misdemeanors/felonies in CY 2007.

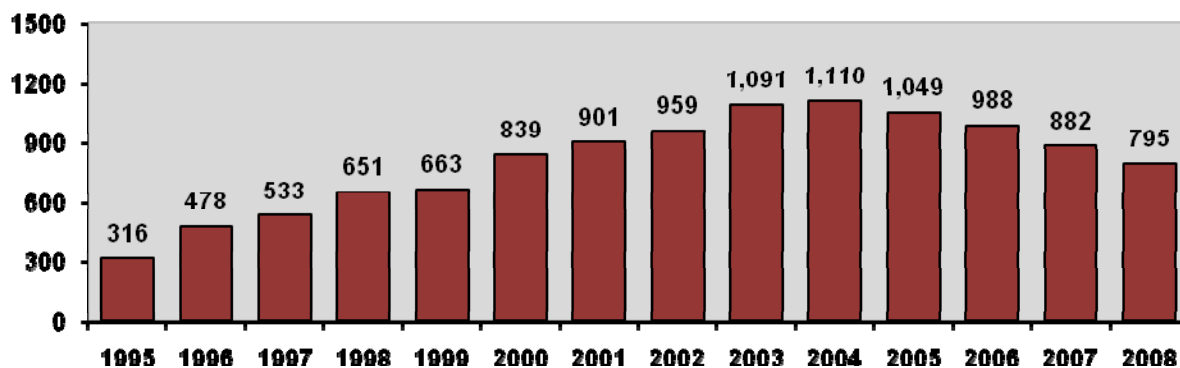
Figure 12 –Drug Convictions, CY 1999 – 2007



Source: Criminal and Juvenile Justice Planning

Another indicator of the levels of use and abuse of drugs can be found in drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning. This data shows a 248% increase in drug-related prison admissions from 1995 to 2004. Beginning in 2005, drug related prison admissions began to decline largely due to a drop in meth-related admissions, which has been driven by a decline in meth lab incidents. Detail on drug-related prison admissions by drug type is available beginning with SFY 2005 and is discussed later in this section.

Figure 13 – Drug-Related Prison Admissions, FY 1995 – 2008



Source: Criminal and Juvenile Justice Planning

It should be noted that data in this section does not include alcohol. As the most abused substance in Iowa, including alcohol would significantly increase these figures.

The data in figure 13 relate to the number of offenders admitted to prison with a drug offense as their lead charge. Data from a number of other studies have clearly demonstrated the connection between drug use and crime. In a study conducted by the Mid-Eastern Council on Chemical Abuse for the Iowa Department of Corrections, over 75% of those entering the state correctional system were found to be in need of substance abuse treatment. In 2008, the Department of Corrections provided substance abuse treatment to only 58.9% of the addicted custodial inmates and 48.4% of the addicted offenders in community corrections. See Figure 14.

Figure 14 - Department of Corrections Institutional and Community Based Substance Abuse Treatment FY 2003 – FY 2008

	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
<u>Institutions</u>						
Inmates in need of treatment	3,556	4,074	4,369	4,713	4,374	4,441
Inmates who received treatment	2,279	2,646	2,669	2,936	2,618	2,615
Percent	64%	64.9%	61.1%	62.3%	59.9%	58.9%
<u>Community Corrections</u>						
Clients in need of treatment	8,762	10,299	11,920	12,650	12,921	13,047
Clients who received treatment	4,734	5,413	5,855	6,201	6,367	6,315
Percent	54.0%	52.6%	49.1%	49.0%	49.3%	48.4%

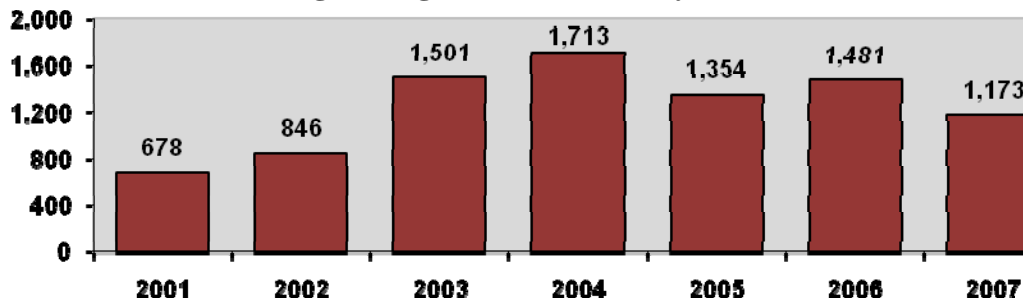
Source: Iowa Department of Corrections

**Beginning in FY 2006 changes were made to the Department of Corrections' data collection and evaluation capabilities. As a result, data prior to that fiscal year may not be compatible with data in FY 2006 and beyond.*

Breaking the cycle of addiction has a positive effect on the recidivism rate of offenders. In a project administered by the Iowa Department of Public Health, the Polk, Woodbury, Story, and Scott county jails provide substance abuse treatment to jail inmates. Twelve months following their admission to treatment, 84.4% of those involved reported no further arrests, and 57.6% were employed full time.

A significant portion of the drug abusing population in Iowa is in the child rearing age group. Studies have shown that children raised in drug-involved families are at a heightened risk for a variety of types of abuse and neglect. The Iowa Department of Human Services (DHS) reports on two measures of abuse that specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed or founded child abuse cases resulting from the presence of illegal drugs in a child's body and the second is the number of confirmed or founded child abuse cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child. See Figures 15 and 16.

Figure 15 - Confirmed or Founded Child Abuse Involving the Presence of Illegal Drugs in a Child's Body CY 2001 - 2007



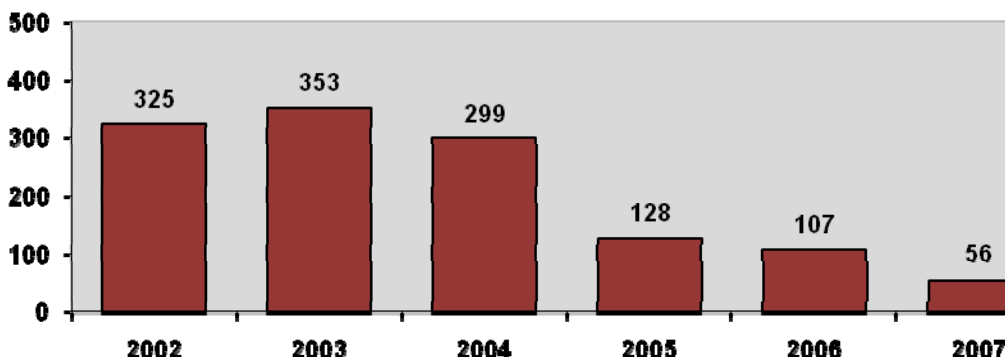
Source: Department of Human Services

**Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart shows only Confirmed cases.*

The number of confirmed or child abuse cases involving the presence of illegal drugs in a child's body rose sharply from 2001 to 2004. For the years since, the number of reported cases has varied, but remains below the record high reported in 2004.

While a relatively new measure, the number of confirmed or founded child abuse cases involving a caretaker's manufacturing of illegal drugs decreased in each of the past four years. The figure reported by the Department of Human Services for 2007 represents an 84% decrease since 2003. This number, like other meth statistics, is being driven down by the reduction in meth labs across the State. See Figure 16.

Figure 16 – Confirmed or Founded Child Abuse Involving Caretaker's Manufacture of Illegal Drugs CY 2002-2007



Source: Department of Human Services

**Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart shows only Confirmed cases.*

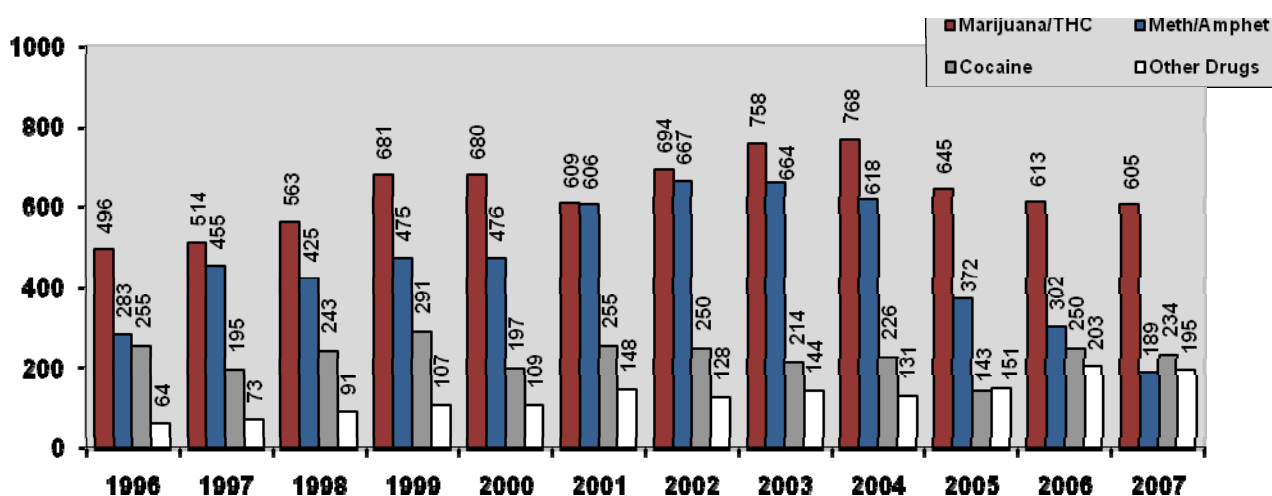
Drug Specific Indicators Data

Marijuana

Data indicate that marijuana is the most prevalent illegal drug and the second most used/abused substance by adults in Iowa, after alcohol. It also appears as though marijuana has held this distinction for quite some time.

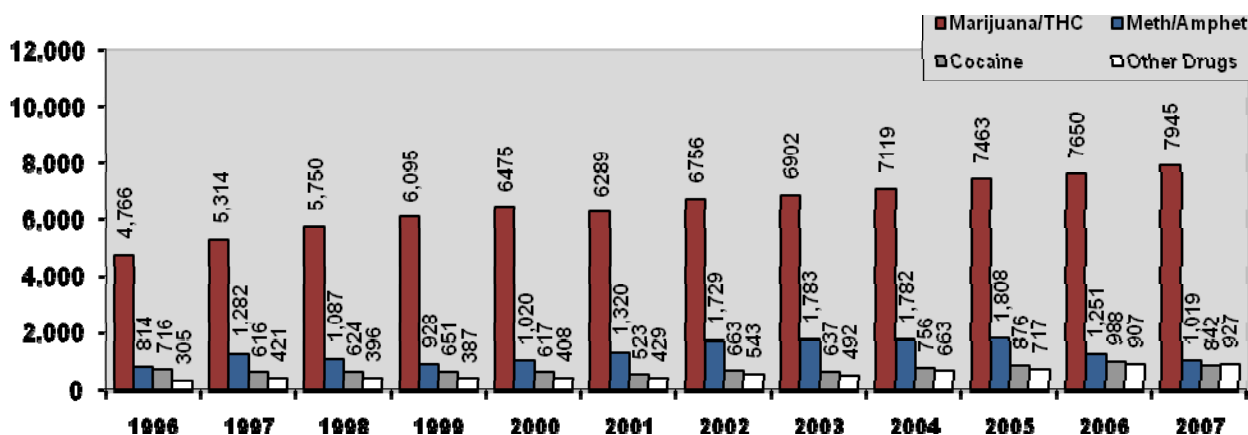
One indicator of the use of illegal drugs, such as marijuana, can be found in the number of drug offenses reported to the Department of Public Safety by law enforcement agencies for the manufacture/distribution and the possession/use of the drug.

Figure 17 – Reported Offenses of Manufacture/Distribution of Drugs by Known Drug Type, CY 1996 - 2007



Source: Iowa Department of Public Safety

Figure 18 – Reported Offenses of Possession/Use of Drugs by Known Drug Type, CY 1996 –2007



Source: Iowa Department of Public Safety

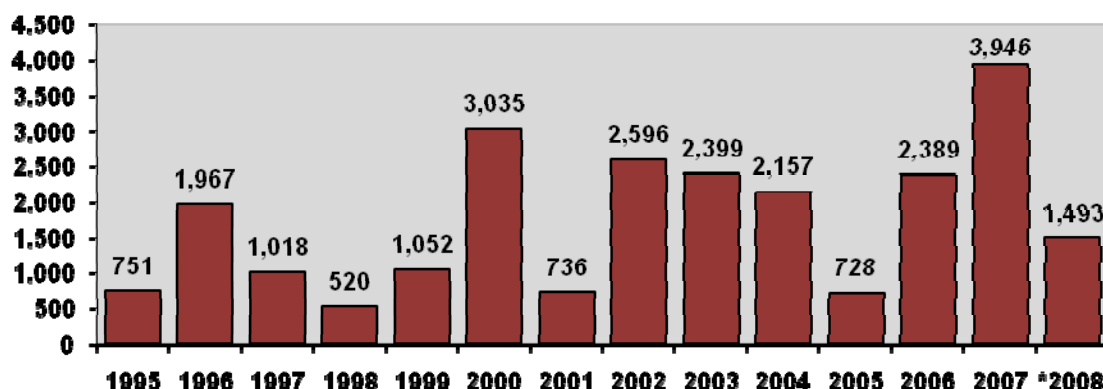
Figures 17 and 18 illustrate the prevalence of marijuana as the single illegal drug for which most offenses are reported by law enforcement. In CY 2007, more than 49% of reported arrests for offenses of manufacture/distribution of drugs where the drug type was known involved marijuana. Further 74% of reported offenses for possession/use of drugs where the drug type was known involved marijuana.

Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Criminalistics Laboratory reports that most of the marijuana it is currently seeing is made up primarily of the buds of the female plants, versus marijuana of the past which also contained inactive particles such as leaves and stems. The buds contain the delta-9-tetrahydrocannabinol (THC), which is the psychoactive chemical in marijuana. This represents a significant increase in the potency of this drug which is expected to have more acute personal and societal consequences.

Additional analysis of the data indicates that with the exception of 2001, the number of offenses involving possession or use of marijuana have increased each year from 1994 to 2007. There has been a decline in marijuana manufacturing/distribution offenses since a peak in 2004. The reader is reminded of the concern regarding the non-reporting and under-reporting of DPS data, and the fact that these data under-report the number of offenses.

The Iowa Division of Narcotics Enforcement (DNE) reported a new high in marijuana seizures in 2007. Marijuana seizures reported by DNE have fluctuated, but generally remain significantly higher than that reported in the mid and late 1990s. See Figure 19.

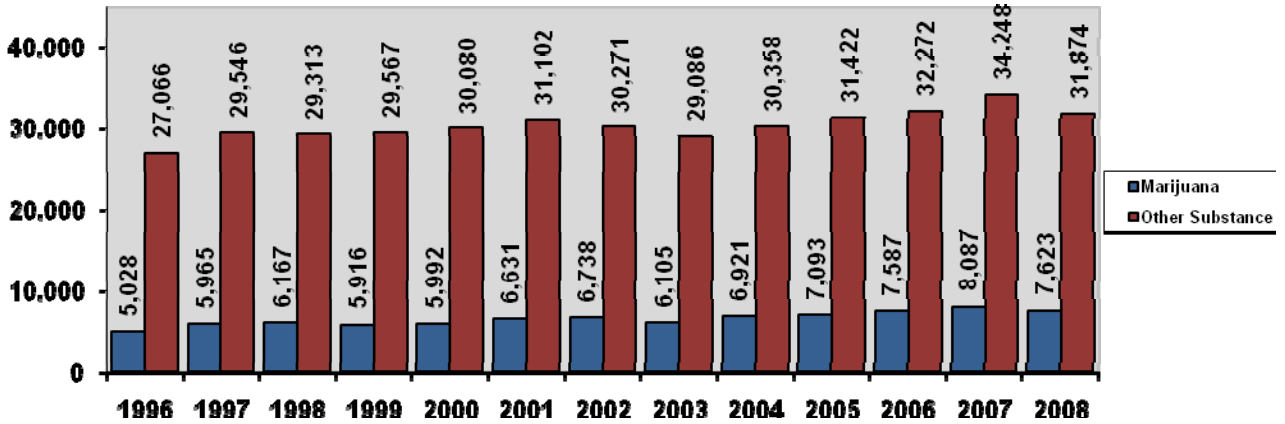
Figure 19 – Marijuana Seizures, in Pounds, in Incidents Involving the Iowa Division of Narcotics Enforcement, CY 1995 – *2007



**Calendar year 2008 through September 30*
Source: Iowa Department of Public Safety

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance abuse treatment programs in Iowa. In data collected during those screenings/admissions, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1996 – 2008. See Figure 20. This data reinforces the fact that despite common misconceptions, marijuana is an addictive drug.

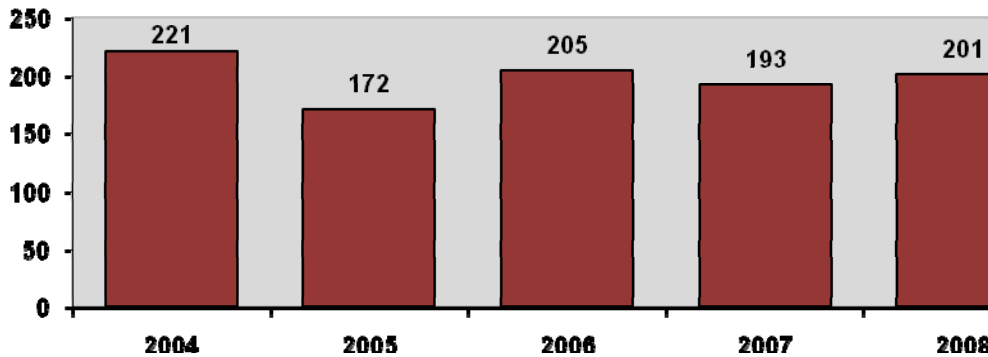
Figure 20– Primary Drug of Abuse for *Adults* Screened or Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2008



Source: Iowa Department of Public Health

Between state fiscal year 1996 and 2008, the Department of Public Health reported an increase of 51.6% in the number of clients screened/admitted with marijuana as their primary drug of choice.

Figure 21 – Marijuana-Related Prison Admissions SFY 2004 - 2008



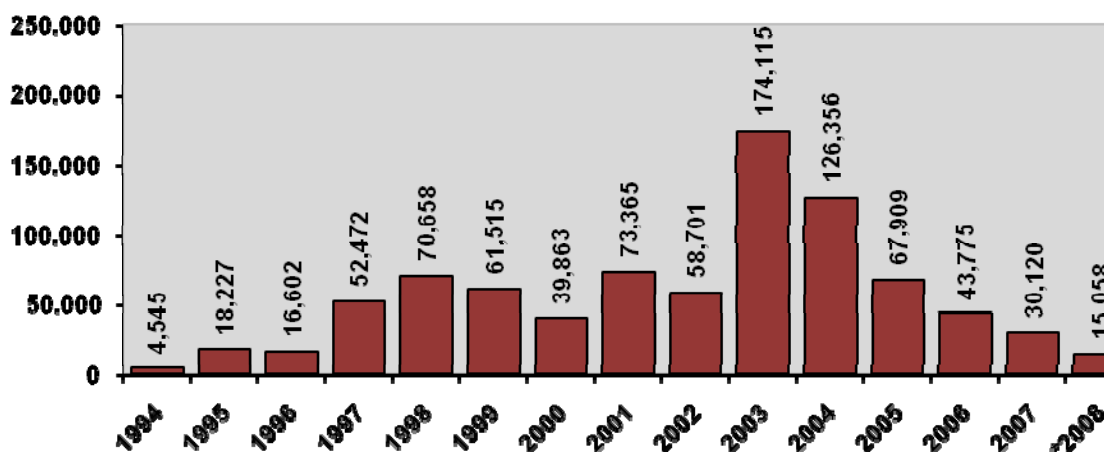
Source: Criminal and Juvenile Justice Planning

For the period of time for which data is available, marijuana-related prison admissions remained fairly steady and have represented between 16% and 25% of the drug related admissions. Based on the data presented in this section, it is clear that marijuana is the drug of choice for the majority of adult Iowans who use illegal drugs; however, comparatively few are admitted to prison with a primary charge related to marijuana.

Amphetamine/Methamphetamine

In recent years, much information has been disseminated, and many concerns expressed, about the use of amphetamine/methamphetamine, among Iowa's drug abusing population.

Figure 22 – Iowa Division of Narcotics Enforcement Methamphetamine Seizures in Grams, CY 1994 – *2008



**Calendar year 2008 through September 30*

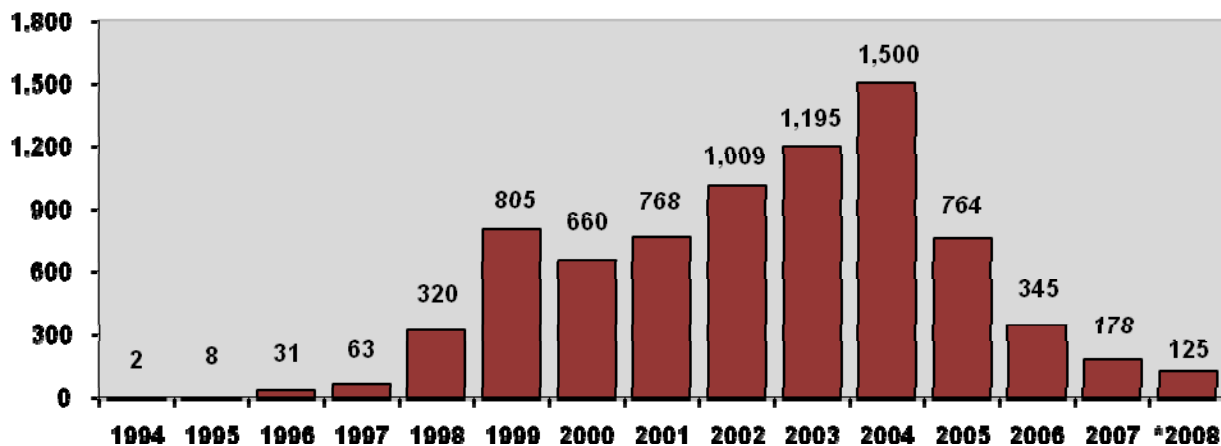
Source: Iowa Department of Public Safety

Figure 22 illustrates a significant increase in methamphetamine seizures in Iowa beginning in 1997. In 2003, the Iowa Department of Public Safety, Division of Narcotics Enforcement, seized a record 174 kilograms of methamphetamine. Since its peak in 2003, seizures of methamphetamine have decreased every year.

The data displayed in Figure 23 demonstrate the impressive growth in the number of methamphetamine laboratory incidents responded to by state and local law enforcement through calendar year 2004. In 2004, state and local law enforcement responded on average to 125 methamphetamine laboratories per month, or four per day.

Due to the public safety threat posed by clandestine laboratories, a substantial amount of time and resources is directed at responding to clandestine laboratories. In 2005, the Iowa legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. In 2008, (through September 30, 2008) law enforcement in Iowa reported a 91.6% reduction in clandestine labs when compared to calendar year 2004.

Figure 23 – State and Local Methamphetamine Clandestine Laboratory Responses, CY 1994 – *2008



*Calendar year 2008 through September 30
Source: Iowa Department of Public Safety

Another indicator of the availability of methamphetamine is the price and purity of seizures. Price and purity correspond to the simple economic principals of supply and demand. As the supply of a substance increases, the price is likely to go down, and the purity level is likely to be higher. Conversely, if the supply is reduced, as a result of enforcement pressure or increased demand, the price will generally go up and the purity level will generally decline.

The price and purity of methamphetamine shown in Figure 24 indicate that the price of methamphetamine per gram has fluctuated over the past several years. While the purity level was reduced in the late 1990s/early 2000s, recent reports show a higher purity level for Iowa seizures. Concerns are growing over recent information which suggests an increase in the importation of crystal methamphetamine into Iowa. The increase in crystal meth or “ice” is disturbing due to the fact that ice is typically much purer than its powder counterpart. The physical, psychological, addictive, and social impact of this purer form of the drug is expected to be more acute.

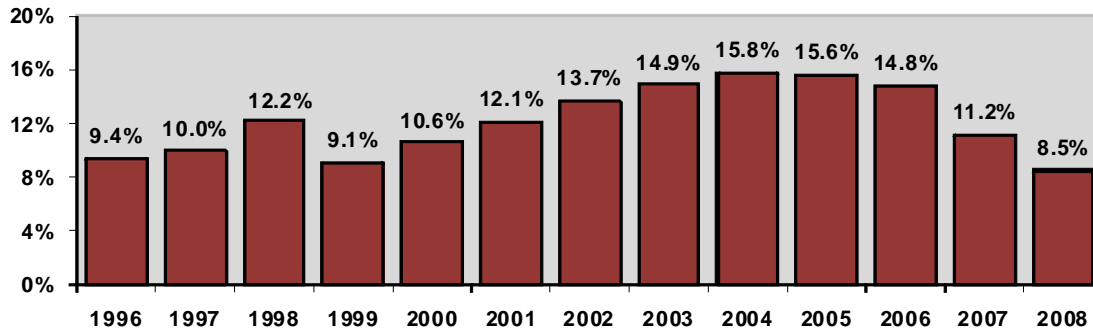
**Figure 24 – Iowa Division of Narcotics Enforcement
Methamphetamine Seizure Price and Purity CY 1996 – 2007**

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Price	\$135	N/A	N/A	\$110	\$90	\$100	\$100	\$100	\$100	\$88	\$120	\$127
Purity	43%	36%	14%	22%	25%	15%	16%	23%	33%	38%	40%	41%

Source: Iowa Department of Public Safety

It should be noted that other factors can have an impact on the supply/demand and price/purity of substances seized by law enforcement. As a general rule, seizures which are made closer to the production source in the drug distribution chain tend to be higher in purity. Also, the availability of alternate controlled substances may impact the supply/demand and price/purity for other drugs. Although price and purity tend to follow the economic principals of supply and demand, the distribution of illicit substances is a clandestine activity, and there are anomalies.

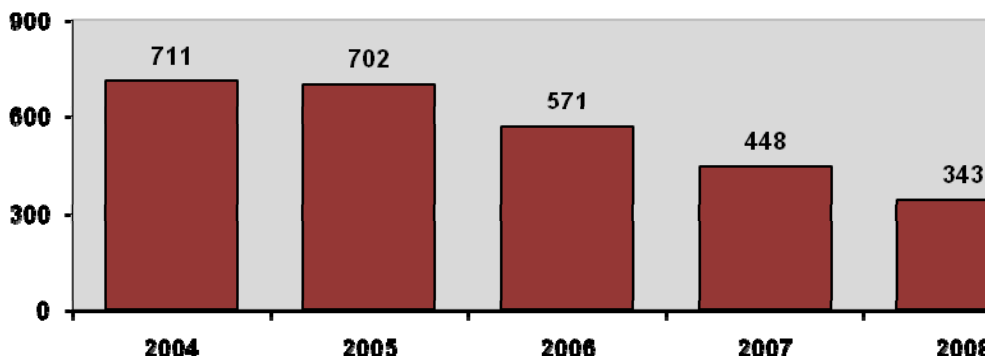
Figure 25 – Percentage of *Adults* Screened/Admitted to Substance Abuse Treatment with Methamphetamine as the Primary Drug of Abuse SFY 1996 – 2008



Source: Iowa Department of Public Health

Prior to the emergence of what has been referred to as Iowa's methamphetamine epidemic in 1994 and 1995, the percent of adults screened/admitted with methamphetamine as the preliminary substance of abuse was under 3%. Since that time, according to the Iowa Department of Public Health, adult methamphetamine screenings/admissions have varied from 9.1% to 15.8%. As a percent of all screens/admissions, methamphetamine has diminished in each of the past four years to reach its lowest point (8.5%) since the meth epidemic began. See Figure 25.

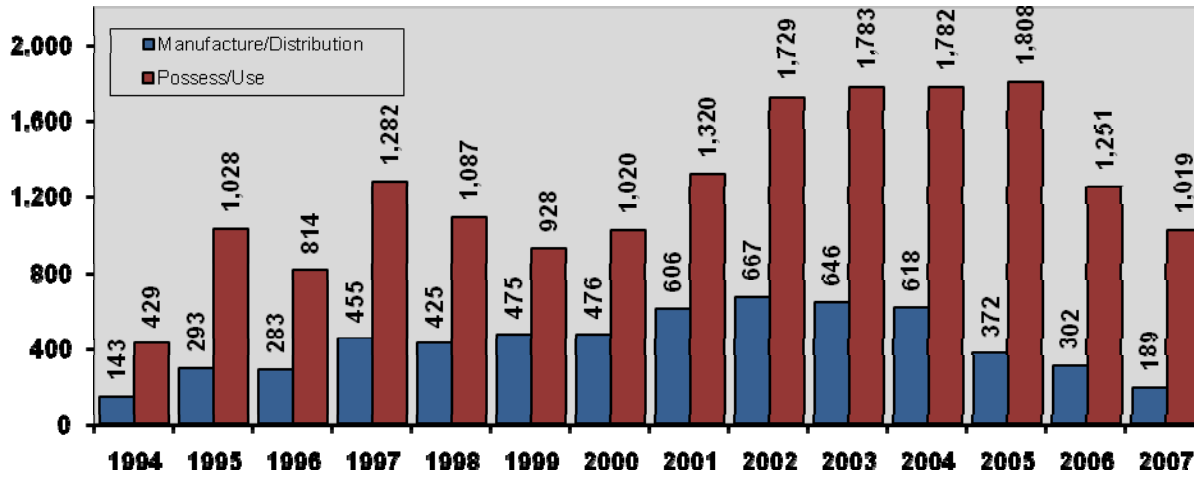
Figure 26 – Methamphetamine-Related Prison Admissions SFY 2004 - 2008



Source: Criminal and Juvenile Justice Planning

For the period of time for which the drug type is known, methamphetamine-related prison admissions have decreased 51.8%. This reduction in methamphetamine admissions has driven the overall decrease in drug-related prison admissions reported in recent years. See Figures 26 and 13.

Figure 27 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 1994 – 2007



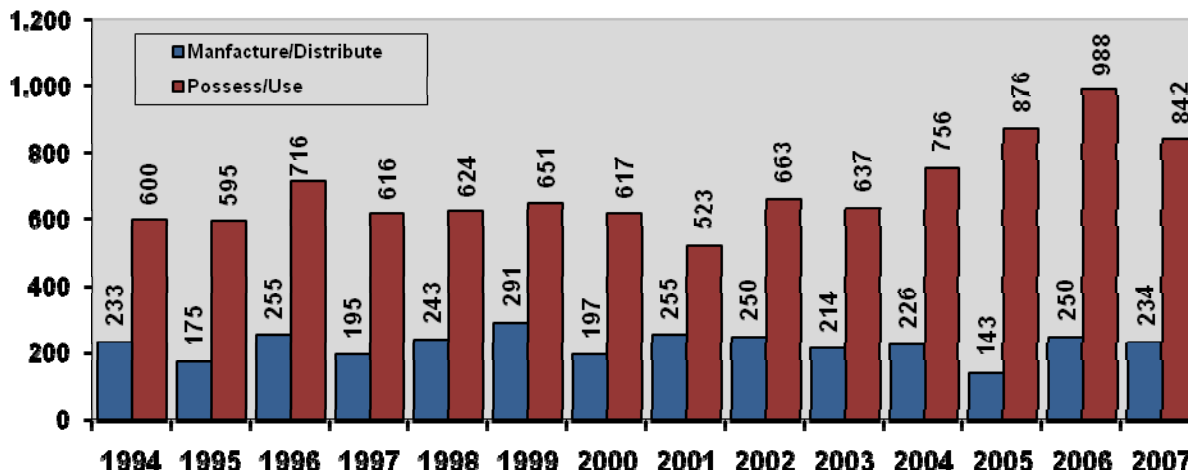
Source: Iowa Department of Public Safety

The number of law enforcement reported offenses for methamphetamine possession/use nearly doubled from 1999 to 2002 and remained at this high level for the next three reporting periods, but have since declined. Following the passage of the pseudoephedrine legislation in 2005, arrests for methamphetamine manufacture/distribution as well as possession/use declined significantly (43.6% and 49.2% respectively). See Figure 27.

Cocaine/Crack Cocaine

Until the growth in the use/abuse of methamphetamine in the 1990s, the second most prevalent illegal drug in Iowa was cocaine/crack cocaine. Overshadowed by the rise in the use of amphetamine/methamphetamine, cocaine use represents a smaller but still significant challenge.

Figure 28 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Cocaine/Crack Cocaine, CY 1994 – 2007

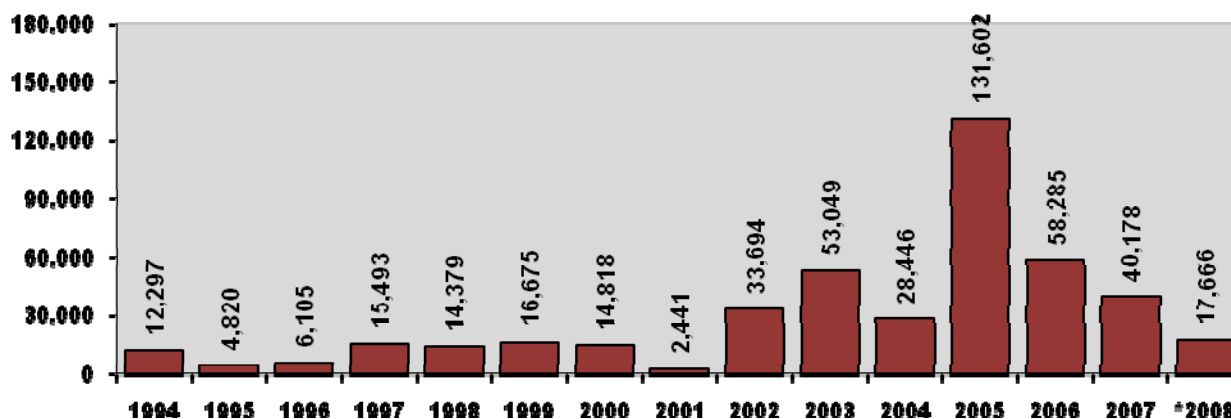


Source: Iowa Department of Public Safety

Figure 28 illustrates that arrest rates for cocaine have varied a great deal for the years examined. In calendar year 2005, manufacture/distribution arrests posted a twelve year low of 143 per 100,000 population. However, that number has since increased. There were more manufacturing/distribution arrests for cocaine than for meth in 2007. Cocaine possession/use offenses were at a fourteen year high in 2006.

The amount of cocaine/crack cocaine seized in incidents involving the Iowa Division of Narcotics Enforcement reached a 14-year high in 2005. Cocaine/crack cocaine seizures have declined for the past three years. See figure 29.

Figure 29 – Cocaine/Crack Cocaine Seizures, in Grams, Involving the Iowa Division of Narcotics Enforcement CY 1994 – *2008



*Calendar year 2008 through September 30

Source: Iowa Department of Public Safety

As shown in Figure 30, the price and purity of cocaine has fluctuated, however the price has generally dropped and the purity had generally increased. The Department of Public Safety crime lab no longer calculates purity levels of seized cocaine.

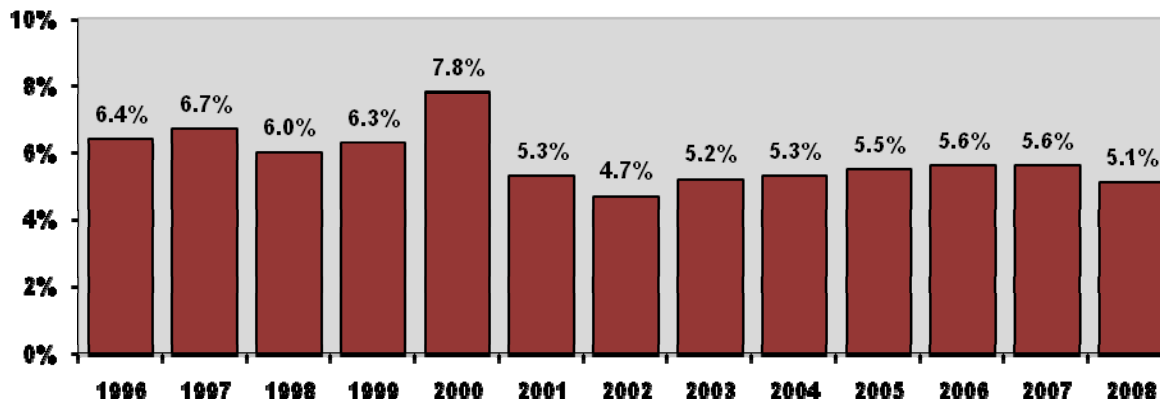
Figure 30 – Iowa Division of Narcotics Enforcement Cocaine Seizure Price and Purity CY 1996 – 2007

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Price	\$130	\$130	\$130	\$130	\$150	\$150	\$150	\$150	\$100	\$110	\$110	\$93
Purity	71%	69%	84%	64%	61%	65%	74%	57%	78%	N/A	N/A	N/A

Source: Iowa Department of Public Safety

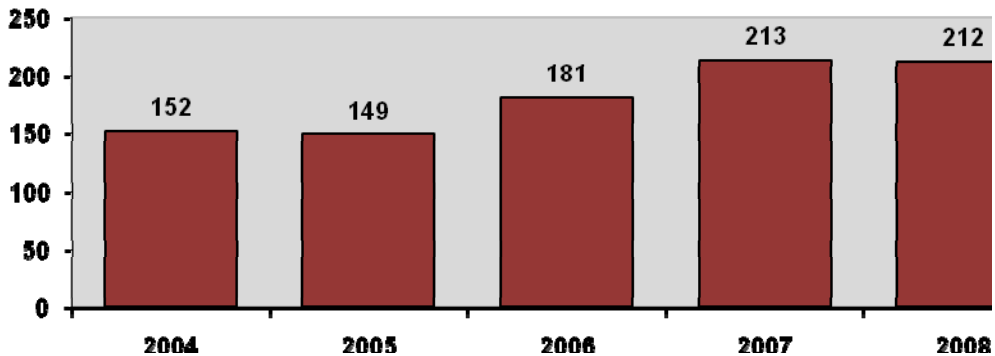
The primary substance of abuse for individuals assessed with or seeking treatment for substance use/abuse issues may also be indicative of the level of prevalence of a specific drug. Figure 31 illustrates that the percentage of adults entering substance abuse treatment programs with cocaine as their primary substance of abuse has remained steady over the past 8 years.

Figure 31 – Percentage of Adults Entering Substance Abuse Treatment Programs with a Primary Substance of Abuse of Cocaine, SFY 1996 – 2008



Source: Iowa Department of Public Health

Figure 32 – Cocaine/Crack Cocaine-Related Prison Admissions SFY 2004 - 2008



Source:
Criminal and Juvenile Justice Planning

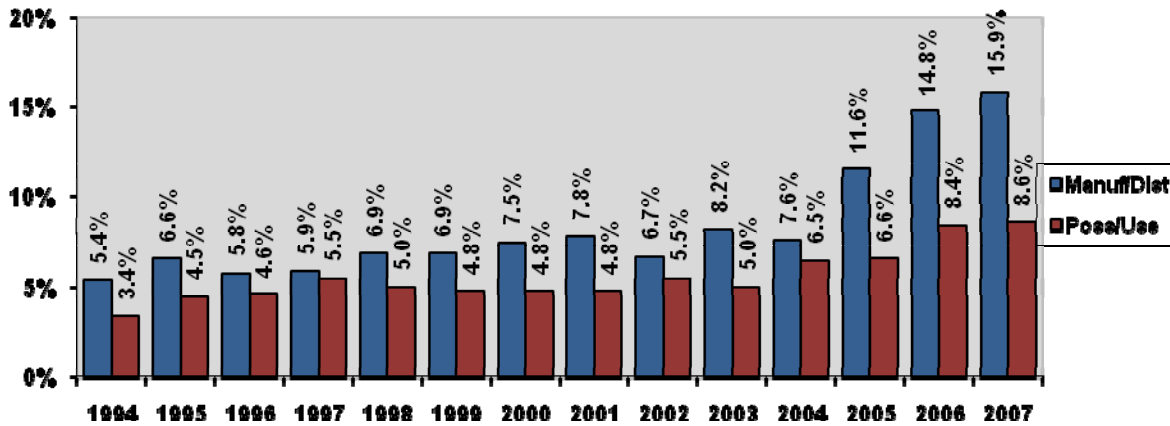
Cocaine-related admissions to prison represented the second highest admissions to prison by drug type in SFY 2008. In the short period of time for which data is available, cocaine related admissions have increased 39.5%, although they remain significantly below methamphetamine admissions. See figures 32 and 26.

Based on the data indicators illustrated above, it would appear that cocaine/crack cocaine continues to represent a drug of substantial use/abuse among the drug using population in Iowa.

Other Illicit Drugs

Marijuana, methamphetamine and cocaine/crack cocaine constitute only three of the illegal drugs used in Iowa today. Other drugs such as heroin, LSD, and PCP also play a role in the overall problem of substance and drug abuse within the state. However, analyses of the data indicate that the levels of prevalence of these other drugs and substances as the drug of choice among the substance abusing population are relatively low. See Figures 33 & 34.

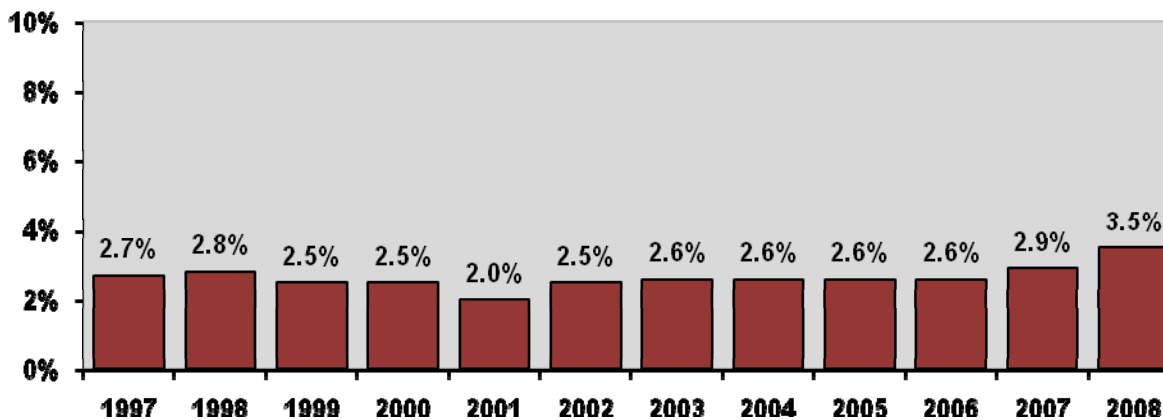
Figure 33 – Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 1994 – 2007



Source: Iowa Department of Public Safety

During the thirteen-year period examined, the percentage of offenses for both the manufacture/distribution and possession/use of all known drugs other than alcohol, marijuana, amphetamine/methamphetamine and cocaine/crack cocaine was at the lowest level in 1994. Since that time, the percentage of arrests for both categories of offenses has generally risen, indicating a rise in crimes related to other drugs of abuse. See Figure 33.

Figure 34 – Percentage of Adult Substance Abuse Treatment Screening/Admissions with a Primary Drug of Abuse Other than Alcohol, Marijuana, Amphetamine/ Methamphetamine and Cocaine/Crack Cocaine, SFY 1997 – 2008



Source: Iowa Department of Public Health

Figure 34 indicates that during the period examined, the percentage of individuals being admitted to a substance abuse treatment program whose primary drug of abuse is one other than alcohol, marijuana, cocaine/crack cocaine or amphetamine/methamphetamine remained low and relatively stable. However, it has risen the past two years, indicating a rise in the use of other drugs of abuse.

All indications are that the drugs marijuana, methamphetamine and cocaine/crack cocaine are, in the order indicated, the most used/abused illegal drugs by adult Iowans. Together, they constitute the drugs involved in nearly 95% of the reported drug arrests. They also constitute the primary illegal drugs listed for over 95% of adults screened/admitted for treatment.

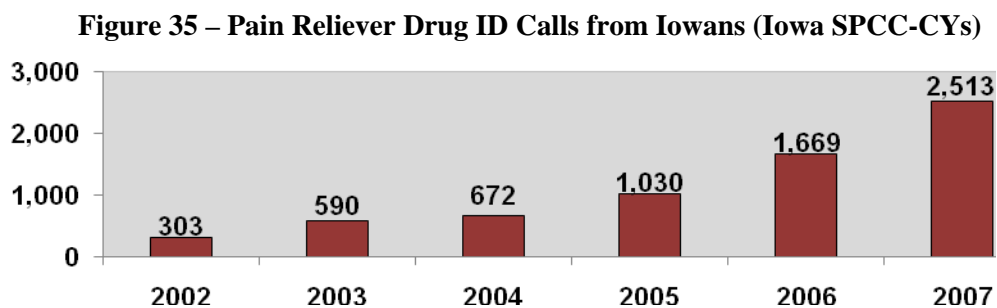
So-called “club drugs” or “predatory drugs” such as Ecstasy, Rohypnol and Gamma-Hydroxybutyrate (GHB) are rarely reported in Iowa. However, they warrant attention to prevent larger problems.

Prescription and Over the Counter Medications

The abuse of prescription drugs is an emerging problem across the United States and in Iowa. These drugs are easy to get, can be as potent and dangerous as illicit drugs, and are associated with criminal behavior. Prescription drugs most often abused are narcotic painkillers, stimulants, and central nervous system depressants. According to the Iowa Department of Public Safety, Division of Narcotics Enforcement, the number of pharmaceutical cases opened in CY 2008, as of 10-10-08, is already 79% higher than the number of cases opened in CY 2007. The number of units of pharmaceuticals seized by DNE, as of 10-10-08, has increased 348% from the total seized in CY 2007. Similarly, treatment centers report a dramatic increase in prescription drug abuse clients.

In the 2008 National Drug Control Strategy, the Office of National Drug Control Policy reported prescription drugs are the only major category of illegal drug use to have risen since 2002. The trends are clear. In 2007, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use, and among 18 to 25 year-olds, it has increased 17 percent over the past 3 years. According to the 2007 National Survey on Drug Use and Health (NSDUH), there were 2.5 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 7,000 initiates per day. Based on annual averages from the NSDUH, the non-medical use of pain relievers increased from the 2004-2005 survey to the 2005-2006 survey. For youth aged 12-17, use increased 8%. For adults aged 18-25, use increased 18.3%; and for those aged 26 or older, use increased 15.1%.

In Iowa, public calls to the Statewide Poison Control Center to identify unknown pain pills have increased **729%** since 2002, indicating a possible reflection of the growing abuse of prescription drugs. See Figure 35.

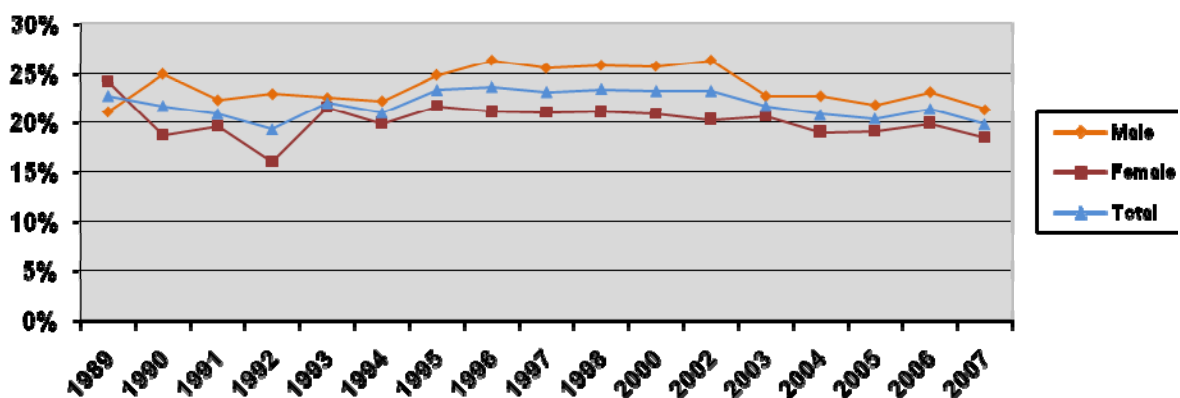


Tobacco

Tobacco, like alcohol, is a legal substance for adults under current federal and state law. Much data and information have been published by the federal Centers for Disease Control and Prevention, the Iowa Department of Public Health, American Lung Association and many other organizations in attempts to inform the general public of the possible dire consequences associated with the use of various tobacco products regardless of the method of use (e.g., smoking, chewing, etc.). Based on analyses of the data compiled by these organizations, it is estimated that 265.6 of every 100,000 Iowa deaths are related to smoking – nearly 4,600 deaths annually. It is further estimated that smoking results in the loss of 13.4 years of potential life.

The levels of tobacco use among adult Iowans can be seen in Figure 36. These data, compiled by the National Center for Chronic Disease Prevention and Health Promotion of the federal Centers for Disease Control, are published as part of the Behavioral Risk Factor Surveillance System (BRFSS).

Figure 36 – Percentage of Current Male, Female & Total Smokers, CY 1989 - 2007



Source: Centers for Disease Control

Between 1995 and 2006, the percent of Iowans who smoked tobacco ranged from 23.6% to 20.4%. Following three years of decline, the smoking rate for adult Iowans increased slightly in 2006. However, in 2007 the total percentage of smokers in Iowa reached its lowest point in fifteen years. Part of this decline can be attributed to Iowa increasing the tax on tobacco in March 2007. Preliminary numbers indicated that Iowans had purchased 25% fewer packs of cigarettes as compared to the same time period the previous year. According to the Iowa Department of Revenue, during the first full year following the cigarette tax increase, the estimated sales of cigarettes decreased 35.95% (from 251,673,435 packs to 161,200,858 packs). Although the sale of cigarettes decreased by almost 36 percent during the first year following the tax rate increase, only about 19 percentage points of the decrease can be attributed to a decrease in the consumption of cigarettes by Iowans. The remaining 17 percentage points of the decrease is attributed to increased tax evasion resulting from Iowans going to surrounding states to purchase cigarettes or by making purchases on the Internet.

The Department of Public Health also reports a 25% increase in the number of calls to Quitline Iowa immediately after the tax increase. And in the third quarter of FY 2008, when Quitline

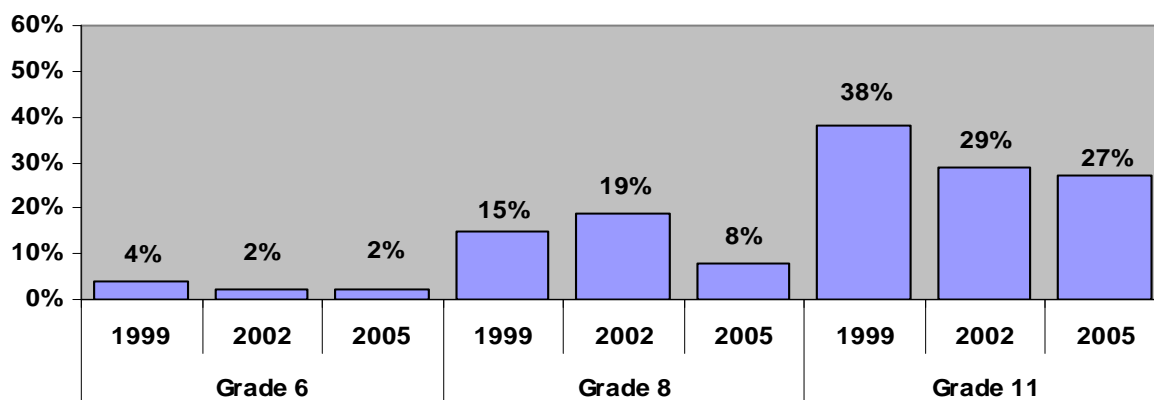
Iowa started offering free nicotine replacement and Medicare added Chantix to its benefits, the number of calls skyrocketed. Quitline Iowa reports a total of 5,117 calls in FY 2007 and 23,243 calls in FY 2008. However, it is important to remember that most smokers attempt to quit “cold turkey” so Quitline Iowa only represents a fraction of the total number of smokers trying to quit in a given year.

Iowa’s Youth Population

The Iowa Youth Survey (IYS) is a self-reporting survey that has been conducted every three years since 1975. The 2008 Iowa Youth Survey was conducted in September and October, with results expected in the spring of 2009. The survey seeks responses from youth in grades 6, 8, and 11 from public and non-public schools across Iowa. In 1999, a total of 85,426 students responded, and in 2002 that number increased to 96,971. In 2005, 98,246 students responded to the survey. Students answered questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and neighborhood/community environments. Beginning in 1999 the survey differed from previous years in both the methodology used to implement the survey and the students who were asked to participate. Thus true comparisons with surveys conducted prior to 1999 are not possible.

Tobacco

Figure 37 – Percent of Students Self-Reporting the Current (within the past 30 days) Use of Tobacco, Comparison of 1999, 2002 and 2005



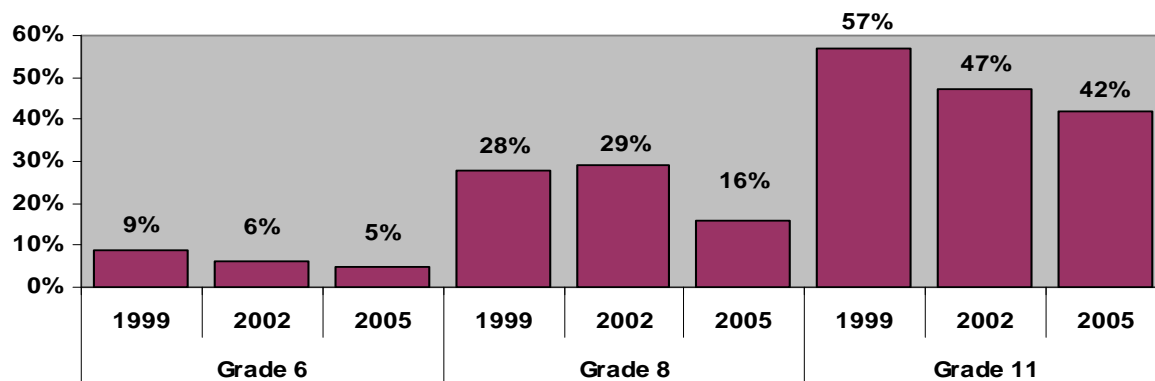
Source: Iowa Department of Public Health

In 1999, 2002, and 2005 approximately one in three eleventh graders reported current use of tobacco (used a tobacco product in the past 30 days). See Figure 37. The most significant changes in both current and past use of tobacco occurred among students in grade 8. In 2005, 8% of 8th graders reported current tobacco use, a decline of 11% from 2002.

In 2002, 29% of students in grade 8 reported past use of tobacco use. This figure dropped to 16% in 2005. See Figure 38. IYS results displayed in Figure 38 show that by the 11th grade, over half of the students reported past use of tobacco in 1999, followed by slightly less than half

in 2002, meaning fewer new tobacco users. This decline continued in 2005, with 42% of students in grade 11 reporting past use of tobacco.

Figure 38 – Percent of Students Self-Reporting Ever Having Used Tobacco, Comparison of 1999, 2002 and 2005

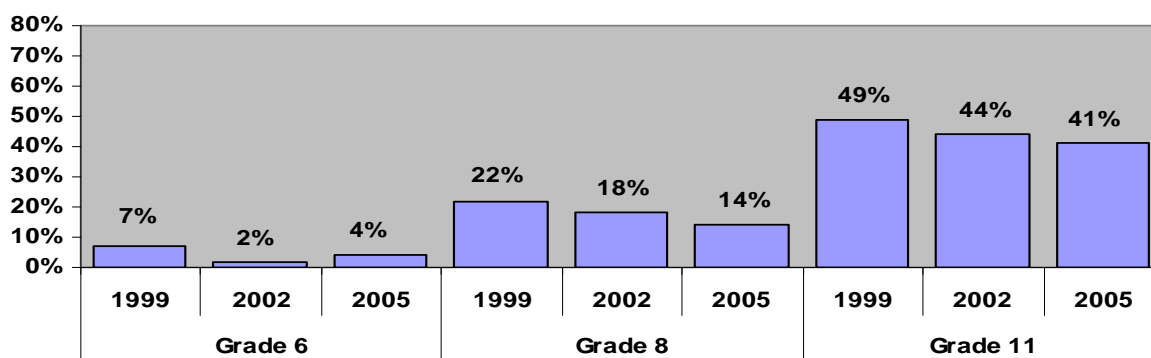


Source: Iowa Department of Public Health

Alcohol

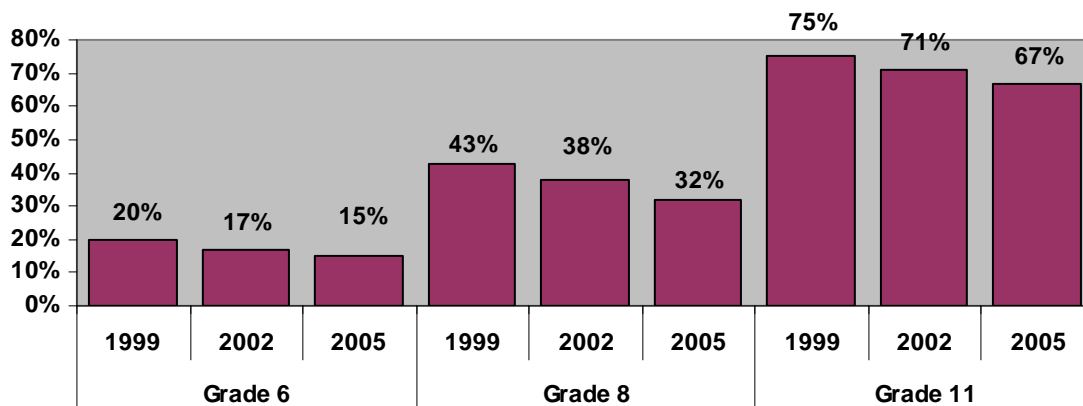
The Iowa Youth Survey also compiled data regarding the use of alcohol by the population surveyed. See Figures 39, 40, and 41.

Figure 39 – Percent of Students Self-Reporting the Current Use of Alcohol, 1999, 2002 and 2005



Source: Iowa Department of Public Health

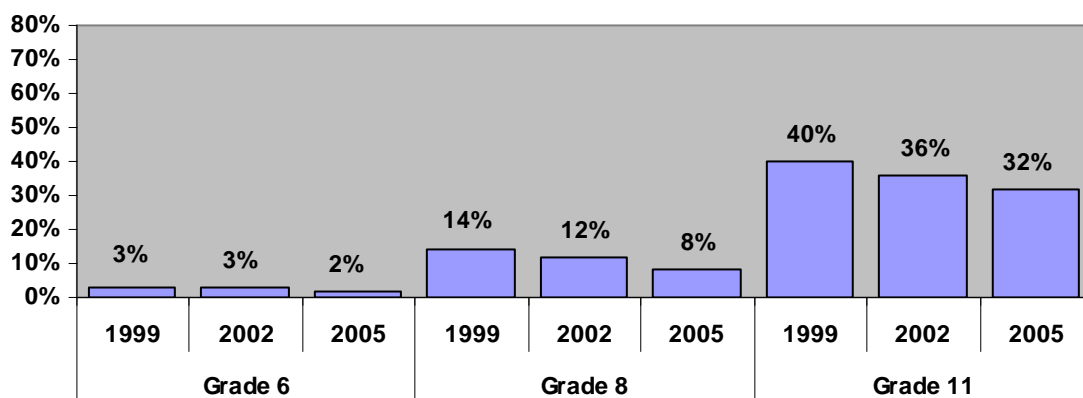
Figure 40 – Percent of Students Self-Reporting Ever Having Used Alcohol, 1999, 2002 and 2005



Source: Iowa Department of Public Health

While there have been decreases (8%) since the 1999 IYS, the data indicate that in 2005 almost half (41 percent) of 11th graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. Equally concerning is that nearly 14% of 8th grade students reported current use (consumed one or more drink in the past 30 days). The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to steadily decline. See Figure 40.

Figure 41 – Percent of Students Self-Reporting Current (within the past 30 days) Binge Drinking, 1999, 2002 and 2005

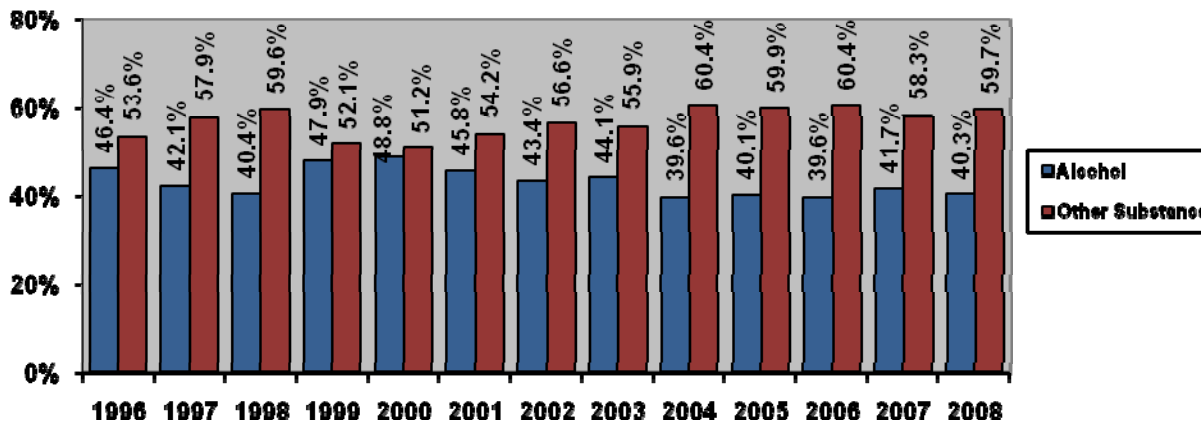


Source: Iowa Department of Public Health

Binge drinking by youth in grades 6, 8, and 11 over the past 30 days as reported in the Iowa Youth Survey has decreased since 1999. However, one in three 11th graders reported binge drinking in the past month in the 2005 survey. Iowa also reports a 10.7% higher binge drinking rate among youth than the national rate. According to the 2006 NSDUH data, 11.4% of 12-17 year old Iowans versus 10.3% of 12-17 year olds in the nation had at least one episode of binge drinking in the past 30 days. This finding mirrors Iowa's above average binge drinking rate among adults. See figure 41.

Department of Public Health substance abuse reporting system data report the primary substance of abuse for all screens/admissions to substance abuse treatment programs, including those of youths. Unlike the adult population, youth screens/admissions with alcohol identified as the primary substance of abuse make up less than half of total admissions in recent years. See Figure 42.

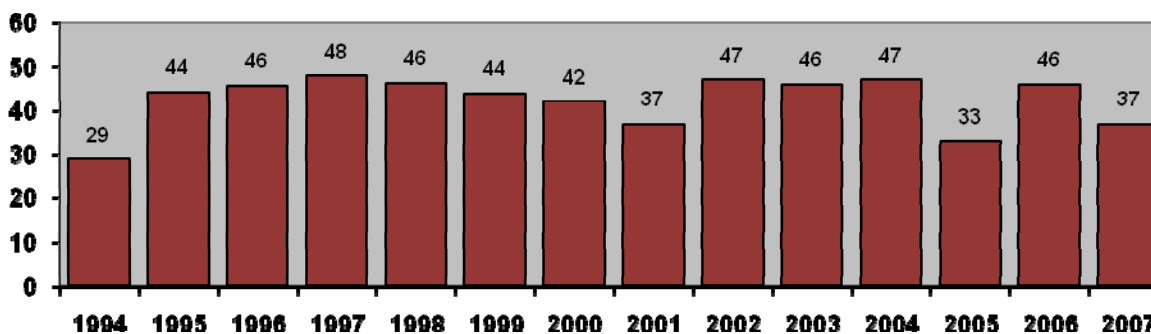
Figure 42 – Percentage of *Youth* Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 1996 – 2008



Source: Iowa Department of Public Health

For the thirteen-year reporting period, juvenile OWI arrest rates have ranged from 33 to 48 per 100,000 population. Reports for the past four years have varied a great deal. See Figure 43.

Figure 43 – Arrest Rates for Persons Under 18 Years of Age for OWI per 100,000 Youth Iowa Residents, CY 1994 – 2007



Source: Iowa Department of Public Safety

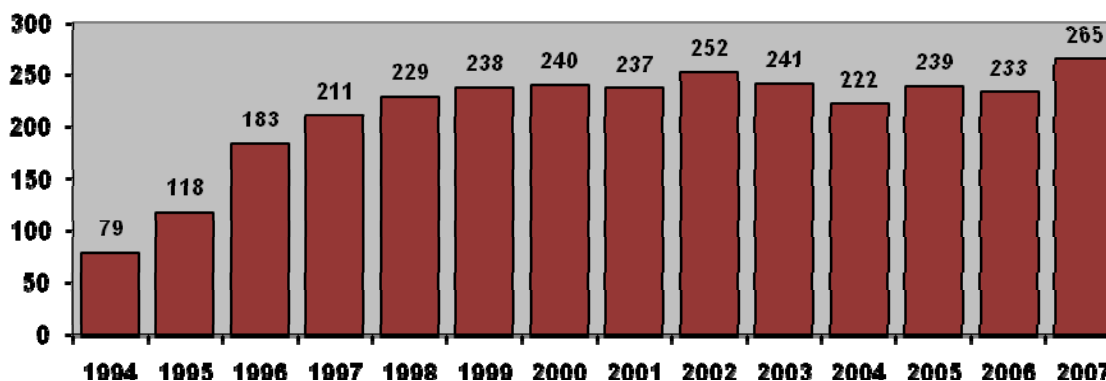
Based on self-reported use, substance abuse treatment screens/admissions and arrest rates, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

General Indicators of the Use of Other Drugs by Iowa Youth

Elsewhere in the Drug Use Profile regarding the youth population of Iowa, there is discussion about drugs other than alcohol and tobacco. In these discussions, it should be understood that the term “drug(s)” refers to illicit substances such as methamphetamine, cocaine, THC/marijuana, etc. Discussion referring specifically to prescription or over-the-counter medications will be noted.

Data are currently collected reflecting the general trend in youth substance abuse in Iowa. One general indicator of the trend of substance abuse among youth can be found in the rate of juvenile arrests reported for drug offenses. The arrest rate rose from 79 per 100,000 population in 1994 to a record 265 per 100,000 in 2007, an increase of 235% for that period. See Figure 44.

Figure 44 – Juvenile Arrest Rate per 100,000 Juvenile Residents for Drug Offenses, CY 1994 – 2007

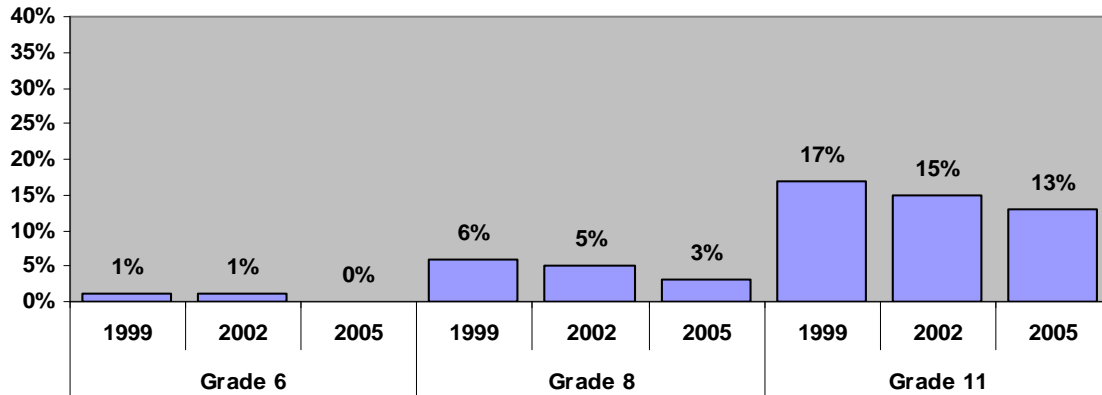


Source: Iowa Department of Public Safety

Marijuana

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. As Figure 45 shows, 17% of 11th graders surveyed in 1999 reported current use of marijuana. In 2005, 13% of 11th graders reported current use of marijuana, a 4% decrease from 1999.

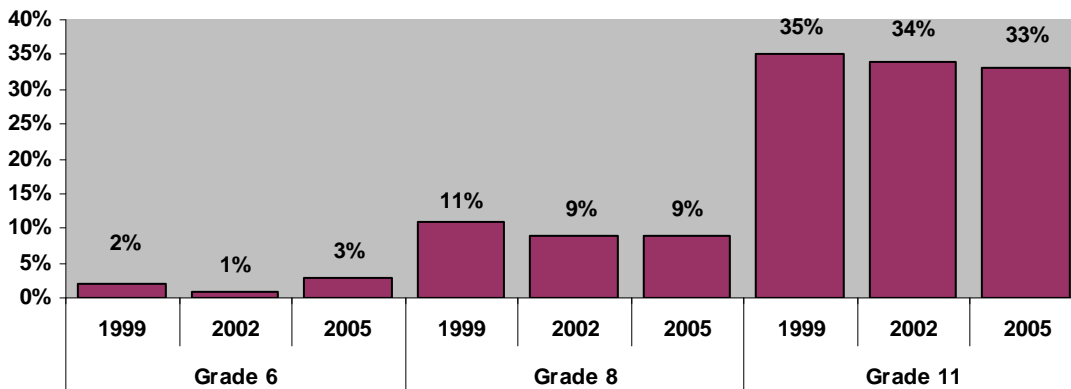
Figure 45 - Percent of Students Self-Reporting the Current Use of Marijuana, 1999, 2002 and 2005



Source: Iowa Department of Public Health

Additionally, of the high school juniors surveyed 35% in 1999 and 34% in 2002 reported having used marijuana at some point in their lifetime (Figure 46). This dropped to 33% in 2005. On a note of concern; 3% of sixth grade students reported past use of marijuana in 2005, an increase from 1% in 2002. This is the only area where an increase in use was reported. See Figure 46.

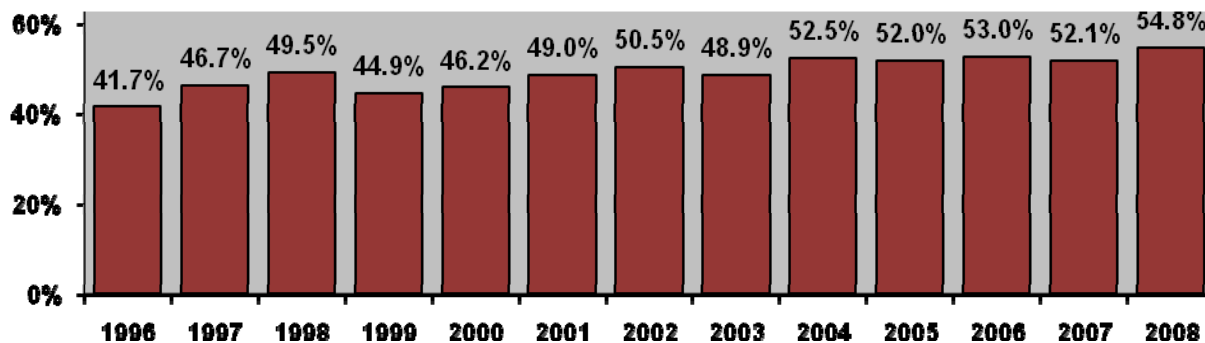
Figure 46 – Percent of Students Self-Reporting Ever Having Used Marijuana, 1999, 2002 and 2005



Source: Iowa Department of Public Health

Substance abuse reporting system data as shown in Figure 47 also illustrate that marijuana is the primary illicit drug of choice among Iowa youth, and that its prevalence as the drug of choice for this population has generally increased for the period of time included in this review. It should be noted that in SFY 2008, the greatest percentage of youth ever were screened/admitted for marijuana.

Figure 47 – Percentage of *Youth* Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug SFY 1996 – 2008

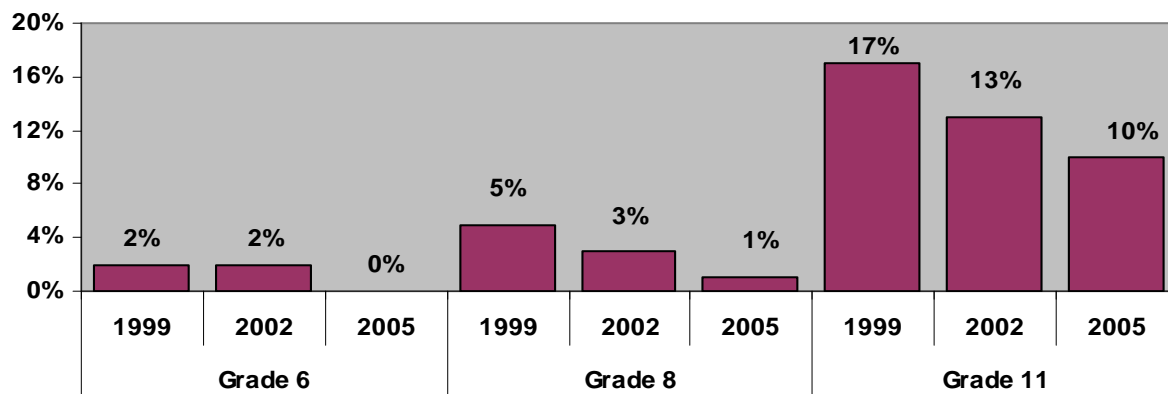


Source: Iowa Department of Public Health

Amphetamine/Methamphetamine

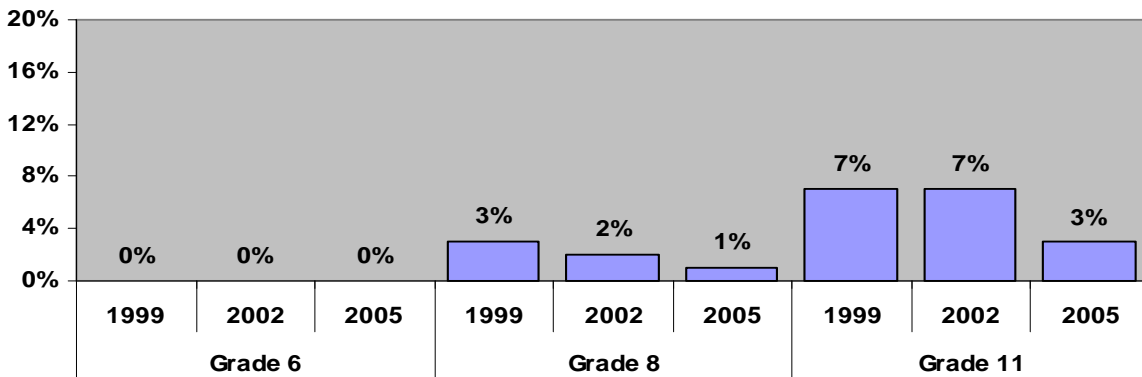
According to the 2005 Iowa Youth Survey amphetamine and methamphetamine use declined significantly. The percentage of all students reporting having “ever” used amphetamine/methamphetamine dropped from 8% in 1999 to 3% in 2005. During this same time period, the percent of eleventh grade students reporting “ever” using these drugs dropped from 17% to 10% - an indication that fewer students are using these drugs for the first time. See Figures 48 and 49.

Figure 48 – Percent of Students Self-Reporting Ever Having Used Amphetamine/Methamphetamine, 1999, 2002 and 2005



Source: Iowa Department of Public Health

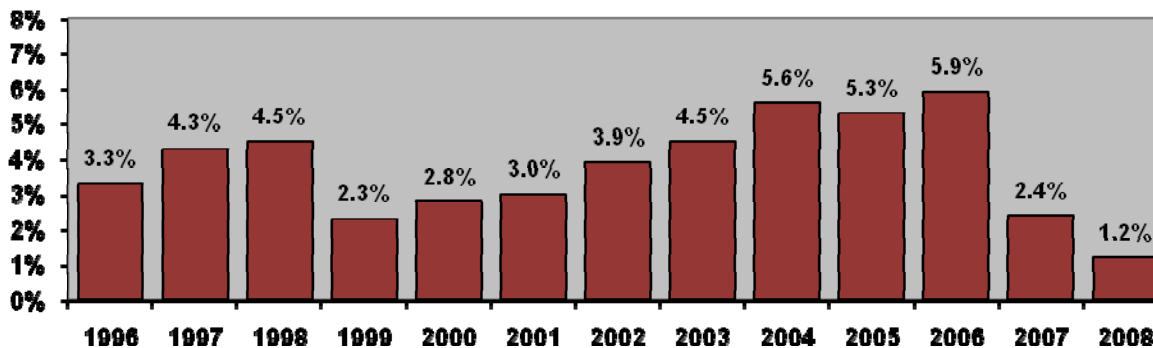
Figure 49 - Percent of Student Self-Reporting the Current Use of Amphetamine/Methamphetamine – 1999, 2002 and 2005



Source: Iowa Department of Public Health

Following several years of increasing youth screening/admissions for amphetamine/methamphetamine, the Department of Public Health reported a significant reduction in SFY 2007 & SFY 2008, representing just 1.2% of youth screens/admissions. This is the lowest percentage since Iowa's meth epidemic began. See Figure 50.

Figure 50 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Amphetamine/Methamphetamine as Primary Drug SFY 1996 – 2008



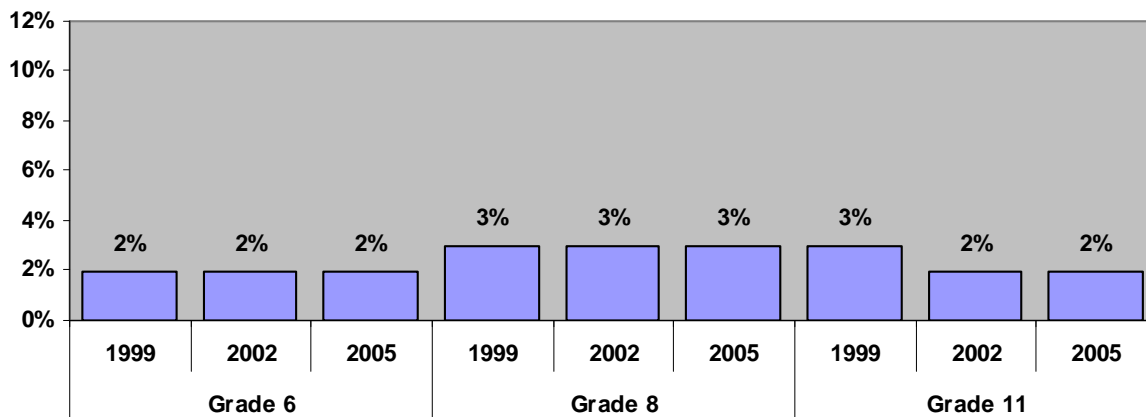
Source: Iowa Department of Public Health

Inhalants

Inhalant use continues to be of concern in Iowa, and inhalant use more often starts at younger ages. In 2005, there was no reported current use of marijuana, amphetamine/methamphetamine, cocaine, or other illegal drug use by students in grade 6, but 2% did report current use of inhalants. According to the Iowa Youth Survey, inhalant use followed marijuana use as a drug of choice among adolescents. Nationally teen experimentation with inhalants has increased over the past three years to 20%. According to the 2007 Partnership Attitude Tracking Survey

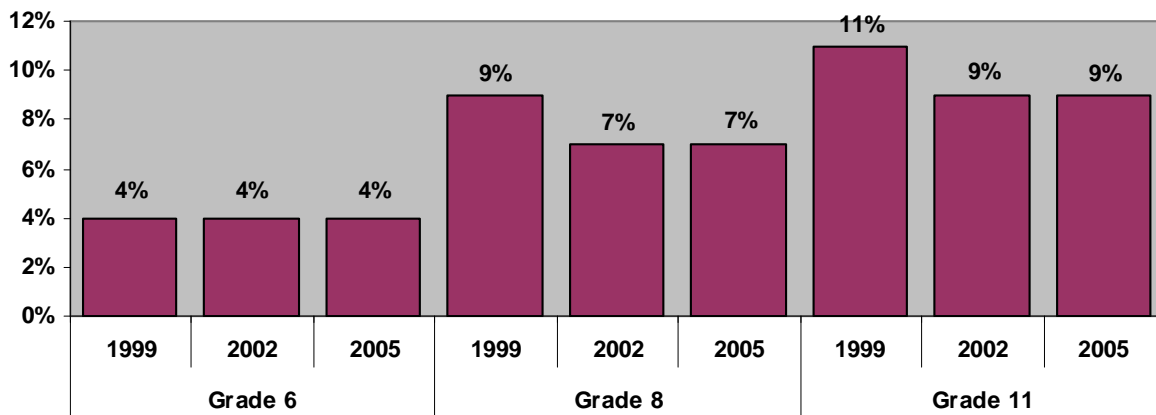
conducted by the Partnership for a Drug-Free America, inhalants are abused by one in five (20%) of teens. The perception of risk related to inhalant use is dropping, which may have contributed to the increased use. See Figures 51 and 52.

Figure 51 - Percent of Student Self-Reporting the Current Use of Inhalants, 1999, 2002 and 2005



Source: Iowa Department of Public Health

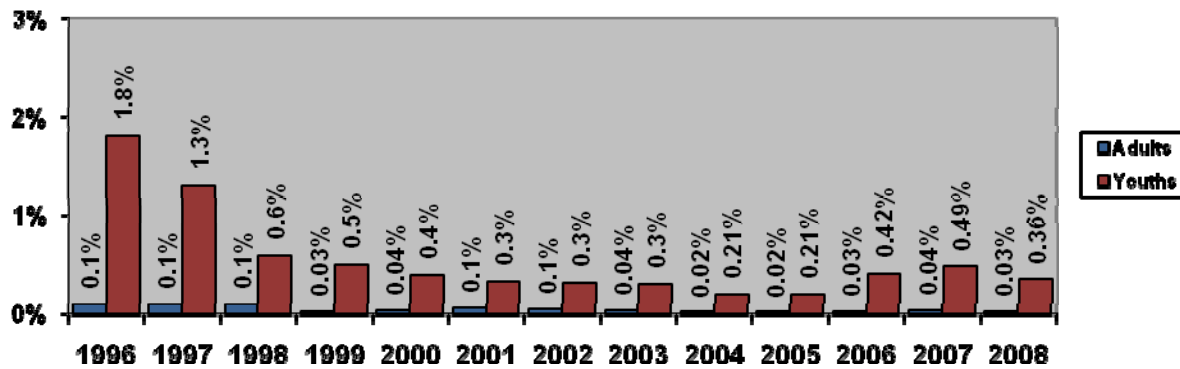
Figure 52 – Percent of Students Self-Reporting Ever Having Used Inhalants, 1999, 2002 and 2005



Source: Iowa Department of Public Health

Examination of the substance abuse reporting system data indicate that the degree of use of inhalants is more prominent among youth in comparison to adults. See Figure 52. They also indicate that the prevalence of these substances as a “drug of choice” for juveniles has remained steady in recent years, representing less than one half of one percent of youth screened/admitted to substance abuse treatment.

Figure 53 – Percentage of Screenings/Admissions to Substance Abuse Treatment Programs with Inhalants Indicated as the Primary Substance of Abuse SFY 1996 – 2008

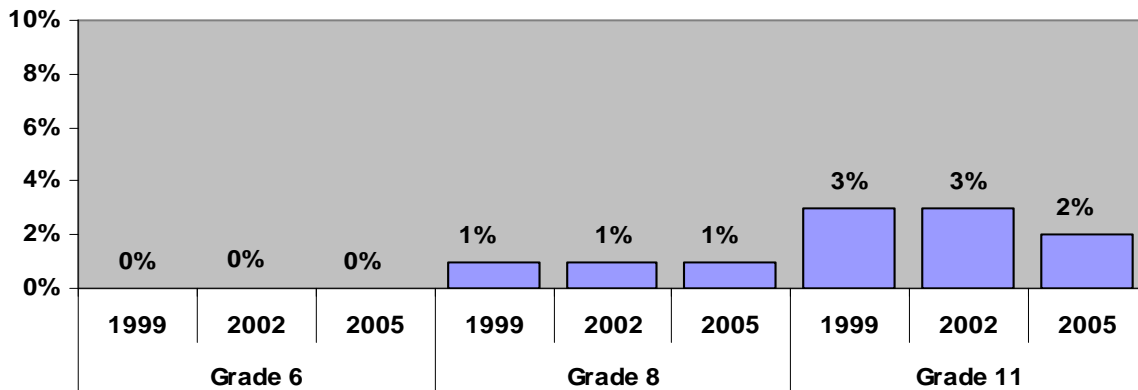


Source: Iowa Department of Public Health

Cocaine/Crack Cocaine

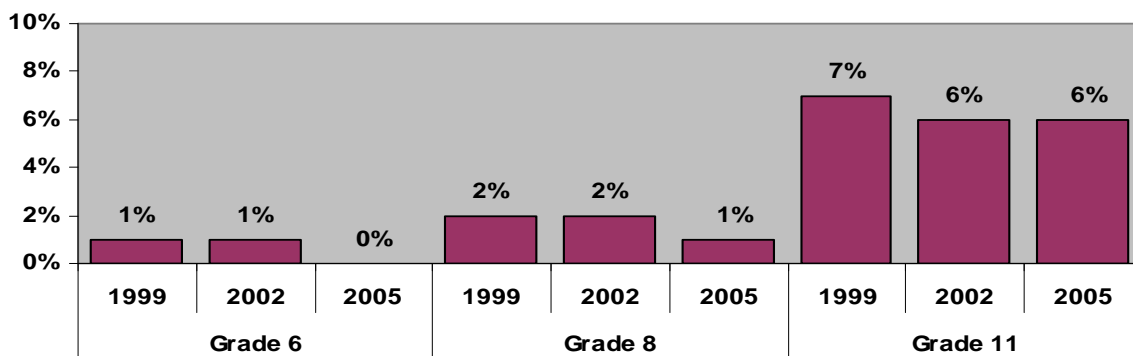
There is little reported use of cocaine/crack cocaine by Iowa youth. The 1999 Iowa Youth Survey shows that two percent of all youth surveyed report the current use of cocaine/crack cocaine, in 2002 that number dropped to 1% and remained at that level in the 2005 survey. Overall there was little change in Cocaine/Crack Cocaine usage between 1999 and 2005. See Figures 54 and 55.

Figure 54 - Percent of Student Self-Reporting the Current Use of Cocaine/Crack Cocaine 1999, 2002 and 2005



Source: Iowa Department of Public Health

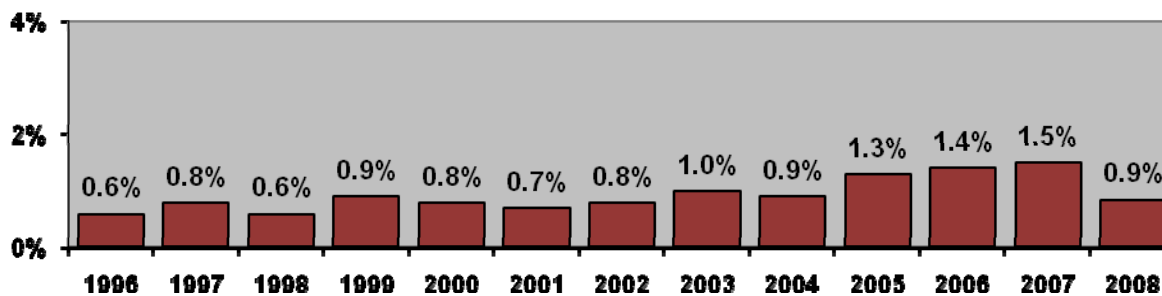
Figure 55 – Percent of Students Self-Reporting Ever Having Used Cocaine/Crack Cocaine, 1999, 2002 and 2005



Source: Iowa Department of Public Health

Data depicting the prevalence of cocaine/crack cocaine as the primary substance of abuse among juveniles screened/admitted to substance abuse treatment programs is shown in Figure 56.

Figure 56 – Percentage of *Youth* Screenings/Admissions to Substance Abuse Treatment Programs Reporting Cocaine/Crack Cocaine as the Primary Substance of Abuse SFY 1996 – 2008



Source: Iowa Department of Public Health

These data indicate that the prevalence of cocaine/crack cocaine as the primary substance of abuse within the youth substance abusing community remains low and relatively constant during the reviewed period.

Prescription and Over-the-Counter Medications

One of the fastest growing threats to youth today is the abuse of prescription and over-the-counter (OTC) drugs. In the 2008 National Drug Control Strategy, the Office of National Drug Control Policy reported prescription drugs are the only major category of illegal drug use to have risen since 2002. The trends are clear. In 2007, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use, and among 18 to 25 year-olds, it has increased 17 percent over the past 3 years. According to the 2007 National Survey on Drug Use and Health (NSDUH), there were 2.5 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 7,000 initiates per day. Based on annual averages from the NSDUH, the non-medical use of pain relievers increased from the 2004-2005 survey to the 2005-2006 survey. For youth aged 12-17, use increased 8%.

According to the Partnership for a Drug-Free America, 2007 Partnership Attitudes Tracking Survey (PATS), one in five teens (19 percent or 4.7 million) teens nationally report intentionally abusing prescription drugs to get high, and one in ten report abusing cough medicine to get high.

Attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not dangerous, or at least not as dangerous as using drugs like methamphetamine or heroin. This in turn leads them to believe that using a medicine without a prescription once in a while is not harmful, that abusing prescription pain killers will not cause addiction, and that getting high from cough syrup isn't risky. According to 2007 PATS data, this attitude is held by 41% of teens.

There are several additional reasons for these attitudes: aggressive marketing builds awareness of product availability and benefits, but not the negative consequences of misuse or abuse; and messages about "appropriate" use do not educate people about the negative consequences. These substances are also widely available and are often obtained within the home.

Additionally, many parents and other adults do not understand the behavior of intentionally abusing medicine to get high, and are not discussing the risks of this behavior with their children.

In an effort to assess the issue of prescription and OTC drug abuse among Iowa youth, two new questions regarding the current (past 30 days) use of these drugs for non-medical purposes were added to the 2005 Iowa Youth Survey (IYS). The two new questions are "In the past 30 days, on how many days have you used prescription medications not prescribed for you," and "In the past 30 days, on how many days have you used over-the-counter medications different from the directions."

According to the 2005 IYS, a total of 4% of the respondents indicated that they had abused a prescription or OTC drug in the past 30 days. This is slightly higher than the average for inhalant, cocaine and methamphetamine/amphetamine use among students who participated in the survey.

In Iowa, public calls to the Statewide Poison Control Center to identify unknown pain pills have increased **729%** since 2002, indicating a possible reflection of the growing abuse of prescription drugs. Similarly, treatment centers report a dramatic increase in prescription drug abuse clients.

Other Drugs/Substances

Analyses of the data available indicate that besides those drugs and substances specifically discussed above, all other drugs and substances used/abused by the youth constitute less than 3% of reported substances abused. Notwithstanding the relative low use rates, this is an issue which requires continued vigilance.

Targeted Strategies: Results, Indicators, & Priorities

Iowa utilizes a results-based decision making process to align the use of resources with the long term goals of improving the well-being of children and families and the quality of life in their communities. Results-based decision making facilitates planning, budgeting, management and accountability in a process of setting results, creating and tracking indicators of progress toward those results, and assessing agency level program performance.

The heart of results-based accountability lies in connecting the things that matter for the long-term well-being of Iowa to deciding how to use available resources. The 2006 Drug Control Strategy was the first to reflect this concept in its movement from goals and objectives to results-based planning and accountability. The 2009 Strategy builds upon the previous three years, by providing, when possible, updated data, current proposals, and future strategies. This provides information on accomplishments and progress made toward results.

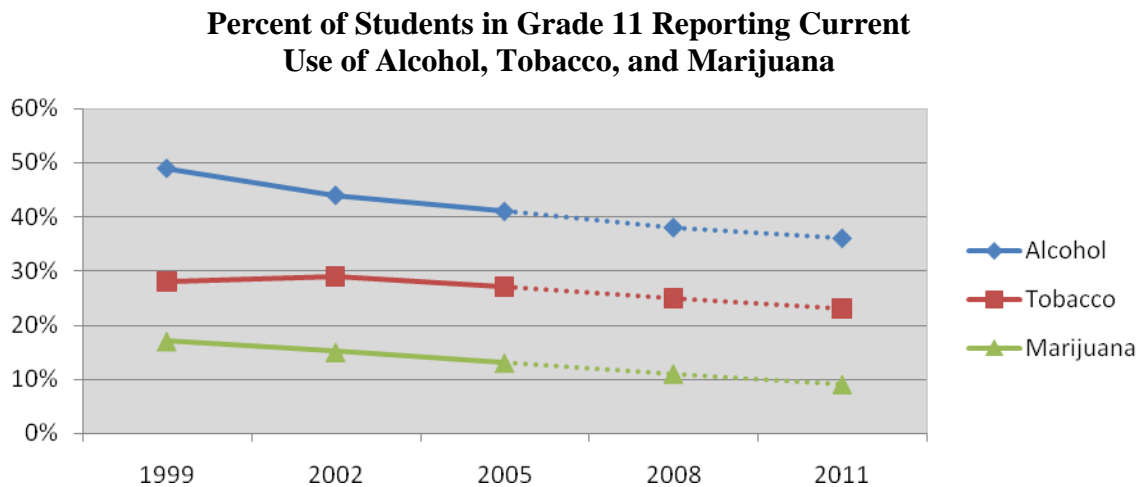
The Drug Policy Advisory Council defines a result as a bottom-line condition of well-being for Iowans. *Results* are broad, and represent the fundamental desires of Iowans. Results are not “owned” by any single agency, but cross over agency and program lines and public and private sectors. They are outcomes that all individuals should want for their own children, families and communities. If results are defined carefully, they will still be important in 10, 50, or 100 years.

An “*indicator*” is a measure, for which data is available, that helps quantify the achievement of or progress toward a desired result. Because results are broad statements, no single indicator is likely to signal full attainment of any given result. Rather, they show movement toward the result and are based on real and available data. *Each indicator has two parts - history and desired forecast. The forecast is where we want to go in the future and the dotted line in each chart represents that trajectory.* In some cases, indicators show we are already on the right track toward reaching the desired result and we need to continue to move in that direction. In other cases, indicators show no progress is being made, or that the condition is actually getting worse. In those cases, we want to work toward “turning the curve,” or forecast a more positive future.

Each indicator has a story – why this particular measure shows movement toward reaching the result. Indicators also contain information about what works now; what works to turn a negative curve toward a more positive forecast; and possible Byrne-JAG program responses.

Result # 1: All Iowans are Healthy and Drug-Free

Prevention Indicator #1-A



Source: Iowa Youth Survey – 1999, 2002 and 2005

The Story Behind the Baseline

Youth who begin using substances as pre-teens or teenagers are much more likely to experience alcohol and other drug abuse problems later in life. Delaying the onset is an important strategy for reducing the incidence and prevalence of youth substance abuse. The triennial Iowa Youth Survey of students in grades 6, 8 and 11 has shown a reduction in the use of alcohol and marijuana by students in grade 11. While this is good news, the numbers are still too high to claim complete success in preventing substance abuse among Iowa youth.

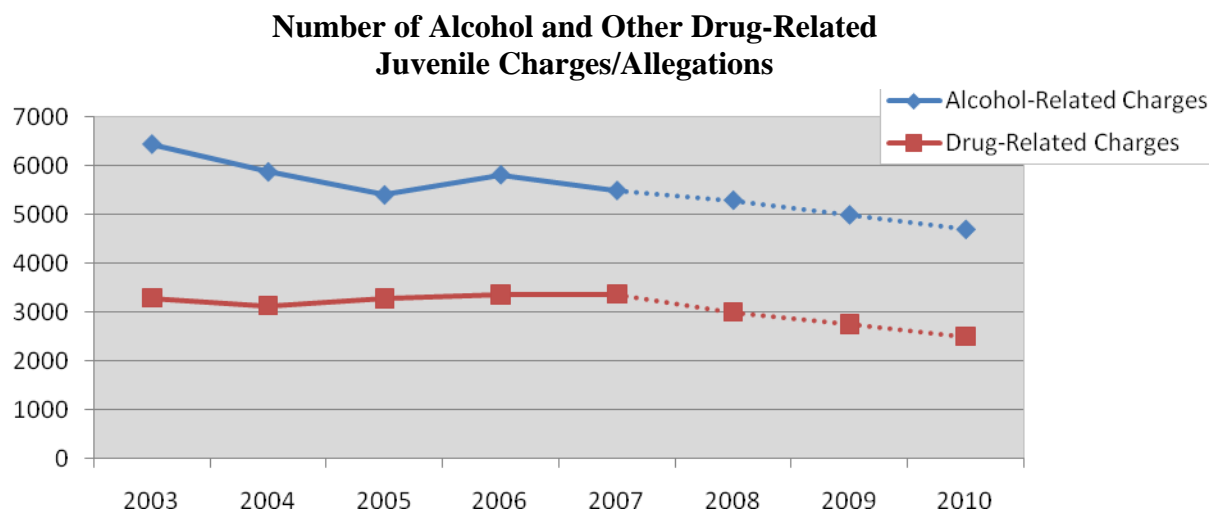
Traditionally, youth in grade 6 use less than students in grade 8, who use less than students in grade 11. By implementing evidence-based, comprehensive prevention strategies in schools and communities, while children are young, this downward trend will continue, and youth who take the survey as high school juniors in future years should report less substance use than in previous years.

What Works

- Enhancing the capacity for schools to implement substance abuse prevention programming
- Increasing the awareness of, and access to, prevention programming and information
- Reducing youth access to alcohol and tobacco
- Comprehensive, community-based prevention strategies
- Use of evidence-based best practices and programs
- Programming that is culturally relevant to the target population
- Cross training among multiple disciplines to enhance understanding and involvement in prevention

- A credible, culturally competent, sustainable prevention workforce
- Alignment with the national strategic prevention framework, as well as state frameworks, including the components of assessment, capacity, planning, implementation, and evaluation
- Community coalitions involving multiple sectors
- Mentoring programs based on best practices in mentoring
- Evidence-based parent education programs
- Parents, teachers and other influential adults as nonsmoking role models
- Increased taxes on tobacco products

Prevention Indicator #1-B



Source: CY 2003 - 2006, Iowa Justice Data Warehouse

The Story Behind the Baseline

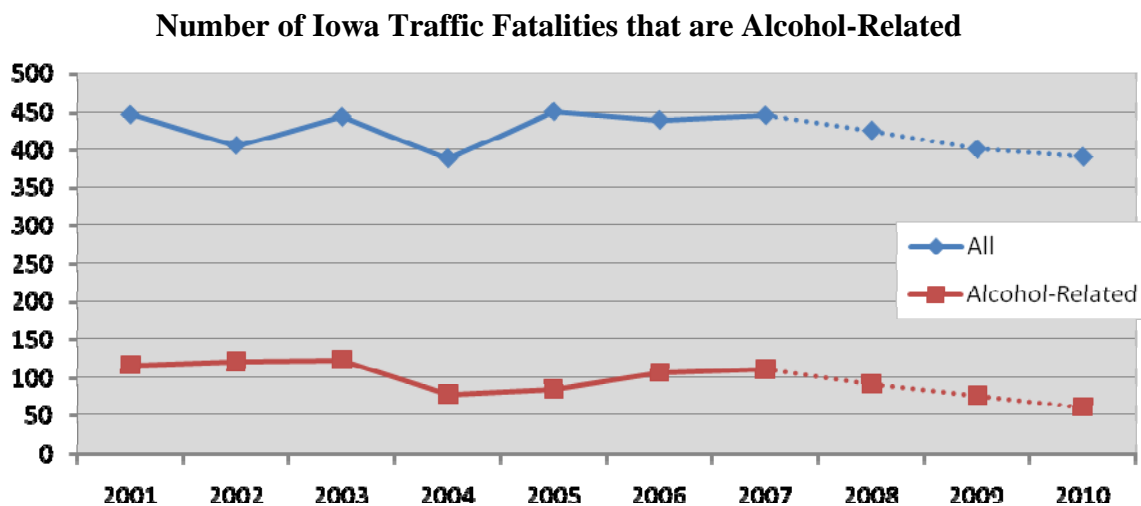
Youth who use substances not only put themselves at risk for health problems and addiction, they often wind up in the juvenile justice system for crimes related to their drug use or drinking. In 2007, over 8,800 Iowa youth were charged with alcohol or drug-related crimes, such as OWI, possession, distribution, or supplying to a minor. These OWI and drug-related charges make up approximately 25% of all juvenile charges and allegations. The State Training School at Eldora and the Iowa Juvenile Home at Toledo provide highly structured, restrictive environments to assist teenagers who are adjudicated as delinquents or children in need of assistance. In FY 2008, an average of 69% of the youth at the State Training School and 34% of the youth admitted to the Iowa Juvenile Home were in need of substance abuse treatment. The average age of admittance to both facilities is 16.3 years.

What Works

- Adult to youth mentoring utilizing best practices
- Community coalitions involving multiple sectors

- Environmental prevention strategies focused on modifying attitudes and behaviors
- Substance abuse prevention programming targeting identified high-risk youth and their parents/caregivers
- Positive youth development programs and strategies
- A credible, culturally competent, sustainable prevention workforce
- Employment and job shadowing programs for at-risk youth
- Coordinated services between education, vocational rehabilitation, Department of Human Services, and Juvenile Court officers

Prevention Indicator #1-C



Source: Iowa Department of Transportation & Governor's Traffic Safety Bureau

The Story Behind the Baseline

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. According to the Iowa Governor's Traffic Safety Bureau, traffic fatalities are the leading cause of death among persons 5-34 years of age and alcohol is the leading cause of fatal traffic crashes by an overwhelming margin.

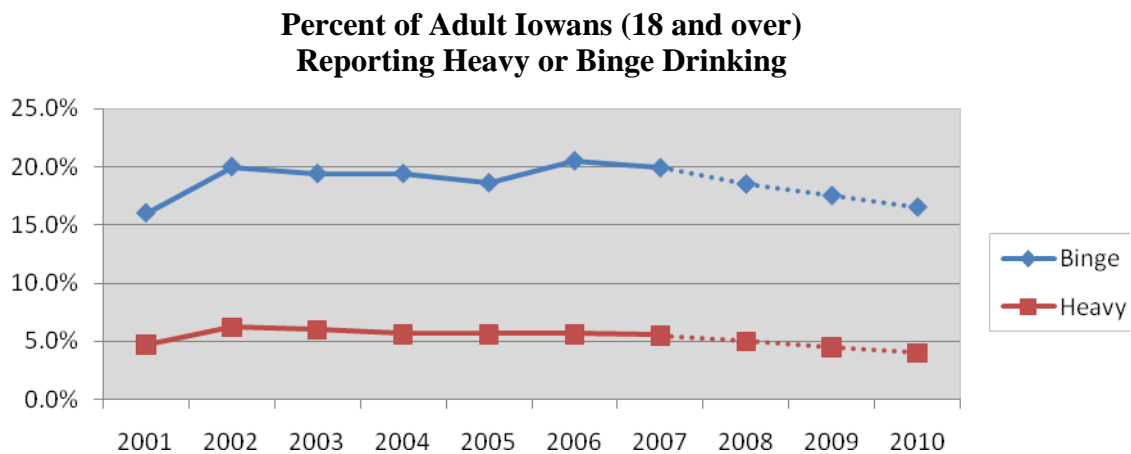
In 2003, Iowa's new .08 blood alcohol content law went into effect and there was an immediate and significant reduction in the number of alcohol-related fatal crashes. However, since then, the number of fatalities has risen and those that are alcohol-related crashes remain at about 25%. Of special concern are drivers 16-25 years of age. They represent only 16% of all registered drivers in Iowa, but comprise over 30% of all drinking drivers who were involved in fatal crashes, as well as persons killed and injured from 1997-2007.

What Works

- Specialized alcohol-related traffic safety education

- Increased prices on alcohol products
- Community coalitions involving multiple sectors
- Environmental prevention strategies addressing community norms about alcohol use and abuse
- Reducing youth access to alcohol products
- Alcohol compliance checks at retail establishments, bars, and restaurants
- Graduated licensing for underage youth
- Intoxilyzer lockouts for vehicles

Prevention Indicator #1-D



Source: CDC Behavioral Risk Factor Surveillance Surveys 2000-2006

The Story Behind the Baseline

Alcohol is the most frequently abused substance in Iowa. Alcohol consumed on an occasional basis at the *rate* of no more than one ounce per hour poses little risk to most adults, although even at this level, several factors including family history of addiction, health, and use of medications can pose problems. Currently, the recommended maximum alcohol consumption for those under the age of 65 is an average of two drinks per day for men and one for women. Iowans who drink with greater frequency or in greater quantities put themselves at risk for a host of medical problems including cancer, cardiovascular events, and liver and kidney metabolic diseases. These patterns include heavy (more than two drinks per day for men and one drink per day for women) and binge (more than five drinks on one occasion) drinking.

Alcohol dependency and abuse are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others through alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents. In comparison with other states, Iowa is slightly above the median for heavy drinking. However, Iowa ranks third in the nation in binge drinking according to the Center for Disease Control, Behavioral Risk

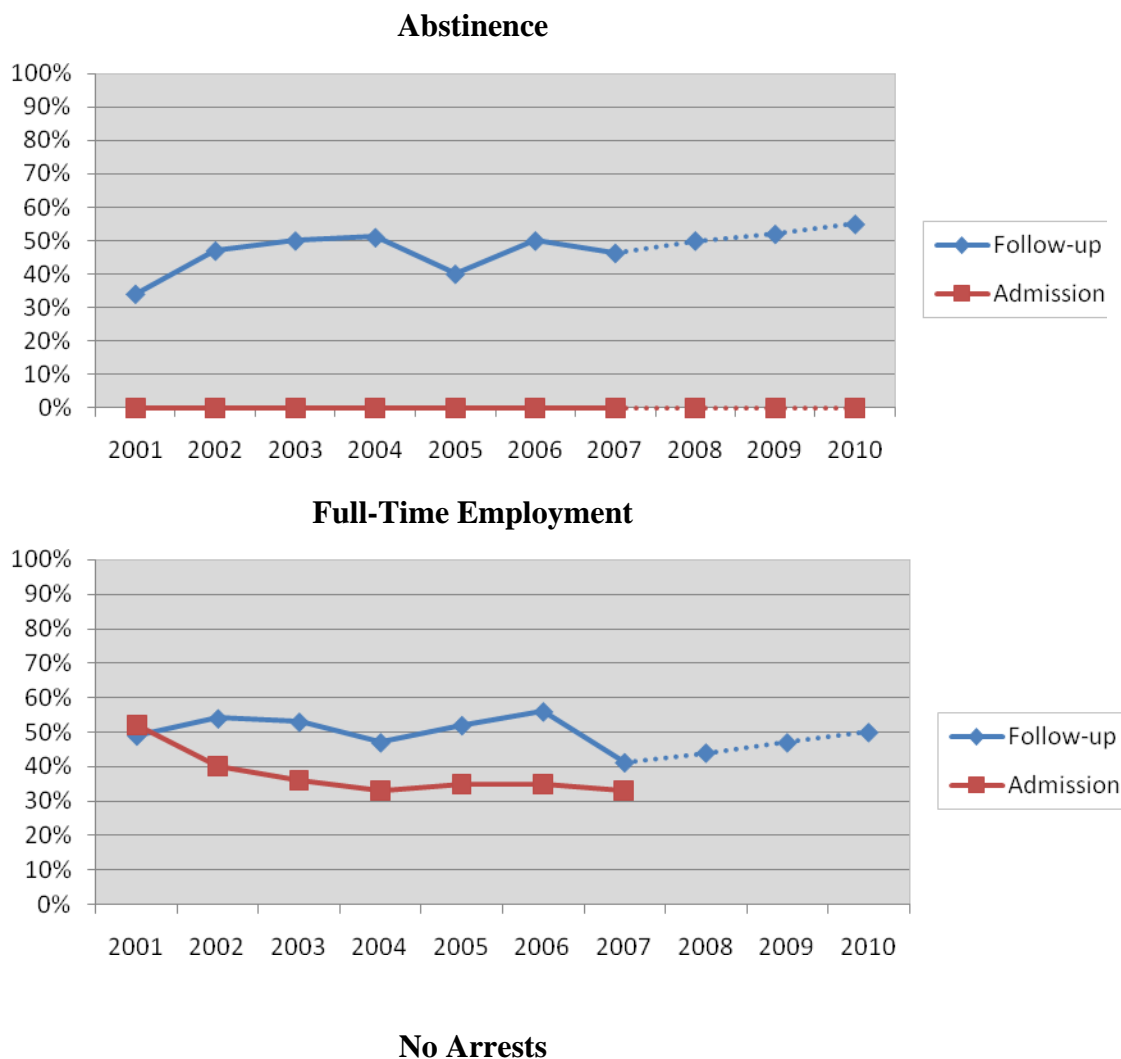
Factor Surveillance System. Reducing heavy and binge drinking among adult Iowans and youth will improve the health and safety of Iowans while reducing health care costs.

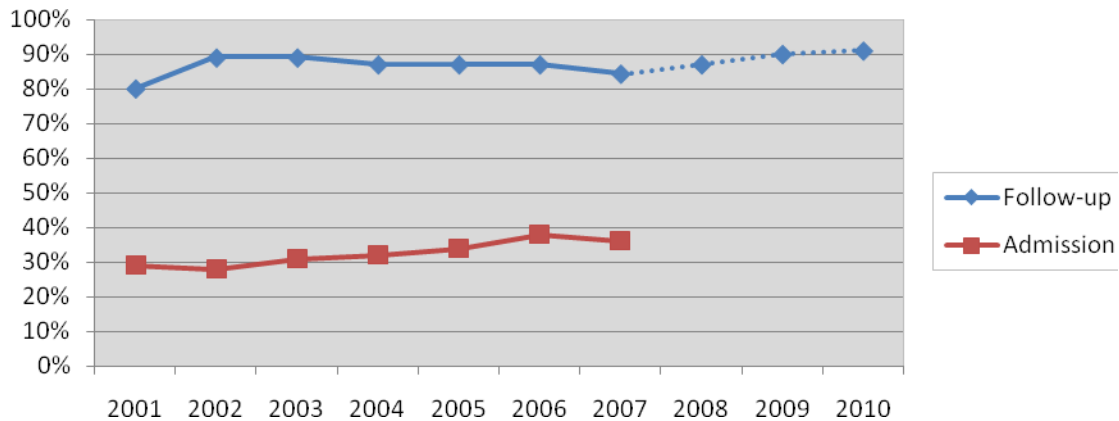
What Works

- Comprehensive drug-free workplace, school and community programming
- Use of evidence-based best practices and programs
- Community coalitions involving multiple sectors
- Reduction of access by youth
- Increasing the age of onset of alcohol use
- Increased pricing on beer, wine and liquor
- Prevention services for the lifespan (prenatal–death)

Treatment Indicator #1-E

Percent of Treatment Clients Who Are Abstinent, Are Employed Full-Time, And Have Not Had Any Arrests Six Months Post Treatment





Source: Iowa Consortium on Substance Abuse Research and Evaluation and the IDPH

Story Behind the Baseline

Substance abuse treatment, compared to treatments for other chronic health issues such as diabetes, asthma, and heart disease, is very successful. Over 46% of treatment clients who participated in the Year Ten Outcomes Monitoring Study remained abstinent six months later. But there are factors that could hinder future increases. Funding for treatment has not increased at the same rate as demand for treatment; therefore there are fewer new services available. Substance abuse treatment providers are currently seeing nearly twice as many clients as in 1992, which means more people for nearly the same amount of treatment slots. It is theorized that this has led to shorter treatment stays, and as noted later in this section, length of treatment is an indicator of success.

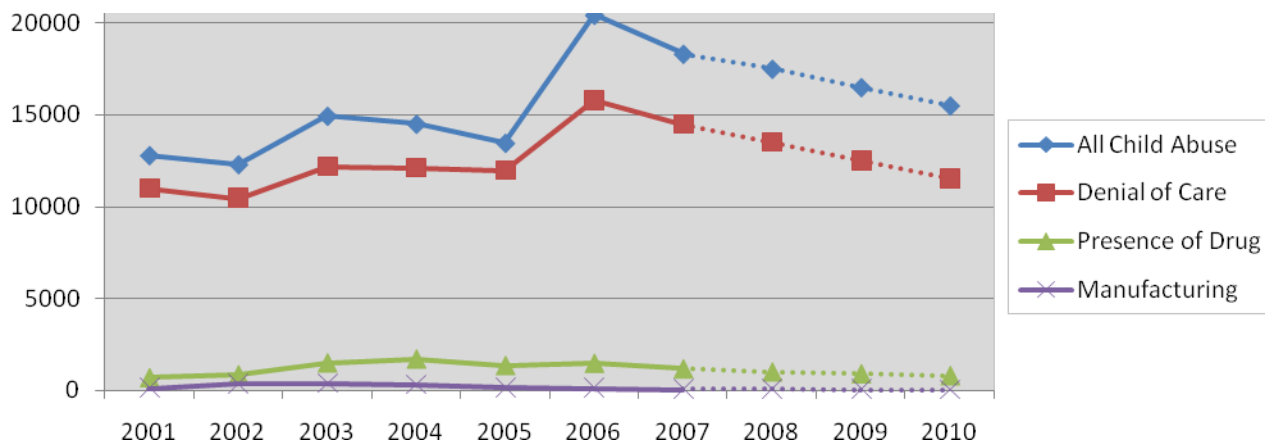
The 2007 Outcome Monitoring Study notes that clients who were in treatment at least four months had the highest abstinence rate of 50%. But there are other factors that can increase the effectiveness of treatment. The client must first be motivated to complete the program. For some this motivation may come from the risk of termination of parental rights, imprisonment, or other sanctions. Length of treatment is also an indicator of success. If a client can remain in treatment a minimum of 61 days, the outcomes are notably better. Clients must also have high accountability, supervision, monitoring and structure. Clients who remained in treatment less than 7 days were more likely to be arrested during the follow-up period than any other length of stay category. Clients who were in treatment for 31-60 days had the highest no arrest rate (88.7%), however all clients who remained in treatment for at least 7 days had a no arrest rate of over 80%. Treatment providers must seek a comprehensive understanding of their clients and their drugs of choice. Treatment must be comprehensive, evidence-based, and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and, has long-term positive impact on the addict, his or her family and friends, and the community-at-large. Clients who remained in treatment for 91-120 days were more likely to be employed full time at follow up than any other length of stay category. Clients who were in treatment less than 7 days were the least likely to be employed full time at follow up.

What Works

- Individualized treatment plans
- Motivational Interviewing Case Management
- Best practices in treatment
- Increased accessibility and capacity for treatment
- Early identification
- Aftercare services
- A credible, culturally competent, sustainable, and licensed treatment workforce
- Retention in treatment – longer stays produce better outcomes
- Drug Courts
- Behavior Modification therapy/treatment
- Family education and involvement

Treatment Indicator #1-F

Number of Confirmed or Founded Types of Child Abuse Related to Denial of Critical Care, Presence of an Illegal Drug in a Child's Body or Manufacture of Meth in the Presence of a Minor



Source: Iowa Department of Human Services

(*Since a child can be confirmed to be the victim of more than one form of child abuse at one time, the number of types of abuse is greater than the number of children abused)

(**Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart showed Confirmed cases only.)

The Story Behind the Baseline

The use of drugs and abuse of alcohol among families is a pervasive trend that continues to have a devastating impact on the safety and well-being of children. Although it is difficult to quantify a causal relationship between alcohol and other drug use and child maltreatment, experts agree there is a high correlation between parental substance abuse and child abuse and neglect. In Iowa, Denial of Critical Care (child neglect) is the most frequent form of child abuse. While not all Denial of Critical Care abuse is related to

parental substance abuse, there is overwhelming evidence that addicted parents/caregivers do not provide adequate care for their children. Iowa has recorded a number of incidents in past years involving children who were victims of child neglect due to one or both parents/caregivers using drugs. It is cases like these that point to the need to recognize the significant impact that drug use has on denial of critical care.

Using data from child abuse cases reported to DHS in 2005, Prevent Child Abuse Iowa conducted a study of denial of critical care cases. Forty-four percent of the cases studied listed exposure to caregiver substance abuse and/or manufacturing as a primary concern. Of these cases related to substance abuse, 75.8% of them involved a parent using the drug either directly in front of the child or while the child was in the same dwelling as the user. Methamphetamine and marijuana were the most commonly abused substances in 38% and 36% of cases respectively. Alcohol was the primary concern in 12.5% of cases and cocaine in 10.2% of cases. Prescription drugs, heroin, and “speed” were also listed as primary substances of abuse in other cases.

The presence of illegal drugs in a child’s body and manufacturing meth in the presence of a minor accounted for nearly 2,000 founded child abuse reports in 2004. In 2005, this number dropped to 1,482. The most significant drop has been in manufacturing meth in the presence of a minor, which reached a peak of 400 in 2003 and dropped to 56 cases in 2007. However when all denial of critical care, presence of illegal drugs in a child’s body, and manufacturing meth in the presence of a minor are combined, they represent over 85% of confirmed and founded child abuse cases in Iowa.

Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides the motivation for parents to successfully complete the treatment protocol in an effort to be reunited with their children. Treatment can also break the cycle of addiction and abuse, which is often generational, creating a more positive trajectory for the children.

What Works

- Family drug court
- Child welfare-substance abuse partnerships
- Community Partnerships for Protecting Children
- Drug testing
- Improved and expanded intake/screening/assessment and treatment for system involved clients
- Drug Endangered Children program
- Community-based follow-up and support services
- Substance abuse treatment
- Parenting programs

Results #1 – Possible Byrne Program Responses

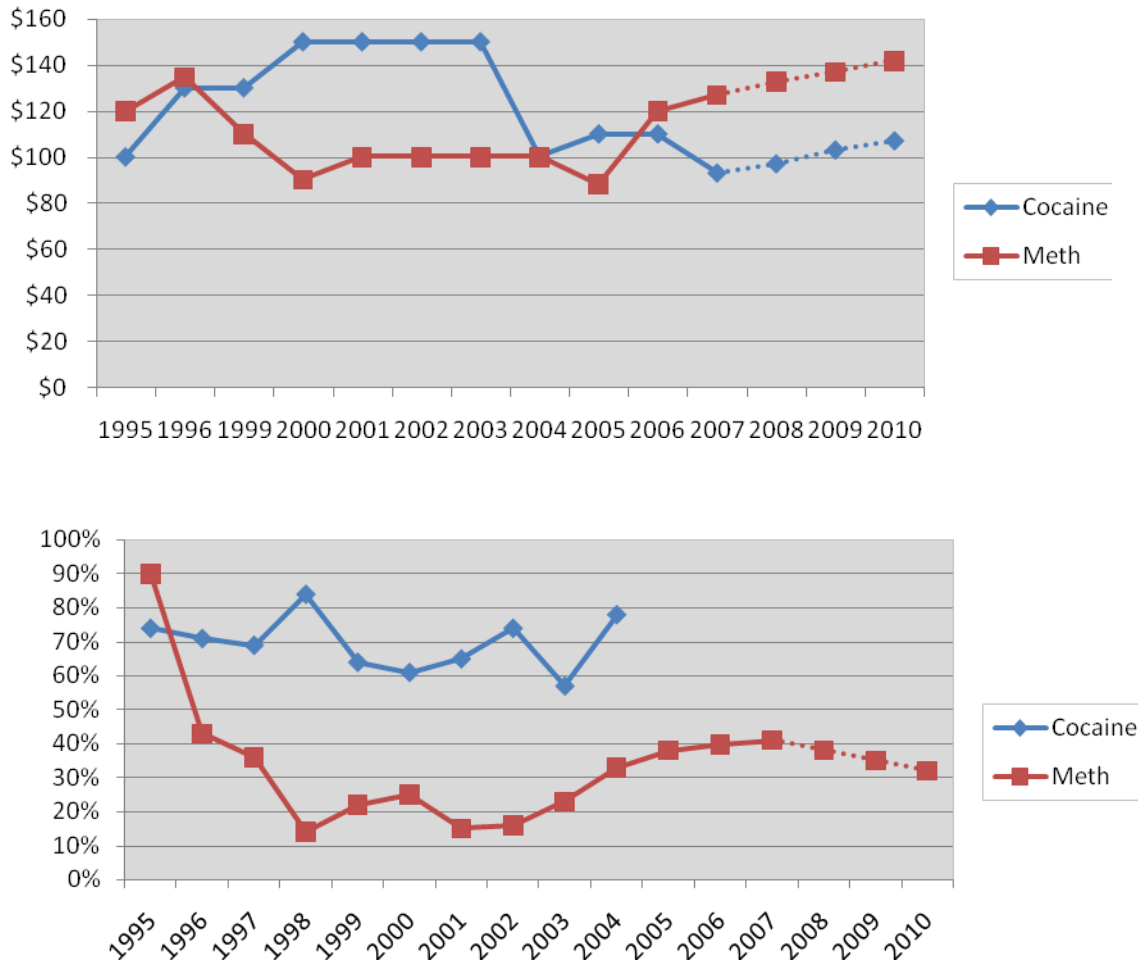
- Drug Endangered Children Program
- School-based prevention programs with local community coalition participation
- Programs which provide information to the public on emerging drugs

- Public service campaigns to empower parents/caregivers to educate their children about drugs
- Substance abuse prevention services targeting high risk youth and their parents
- Programs that integrate substance abuse prevention services with services provided through the Department of Human Services and the Department of Corrections
- Programs that provide retail alcohol sales training
- Enforcement programs to address drunk and drugged driving laws
- Anti-drug coalitions programs which establish environmental prevention strategies and activities.
- Programs that address underage and binge drinking on college campuses
- Diversion to treatment for low-risk non-violent alcohol and other drug addicted offenders
- Programs to monitor illegal prescription drug abuse
- Intensive supervision programs for drug involved offenders
- Programs to assist offender transition from jail/prison to the community
- Programs that increase treatment resources for juvenile or adult offenders
- Programs that provide substance-free supervised transitional housing
- Programs that improve early identification of substance abuse issues in high risk populations

Result #2: Iowa Communities Are Free From Illegal Drugs

Indicator #2-A

Average Price and Purity of Methamphetamine and Cocaine in Iowa



Source: Iowa Department of Public Safety

The Story Behind the Baseline

Price and purity are indicators of the availability of an illegal drug. Price and purity correspond to the simple economic principles of supply and demand. As the supply of a substance increases, the price is likely to go down and the purity level is likely to be higher. Conversely, if the supply is reduced as a result of enforcement pressure or increased demand, the price will generally go up and the purity level will generally decline.

It should be noted that other factors could have an impact on the supply/demand and price/purity of substances seized by law enforcement. As a general rule, seizures made in the drug distribution chain closer to the production source tend to be higher in purity.

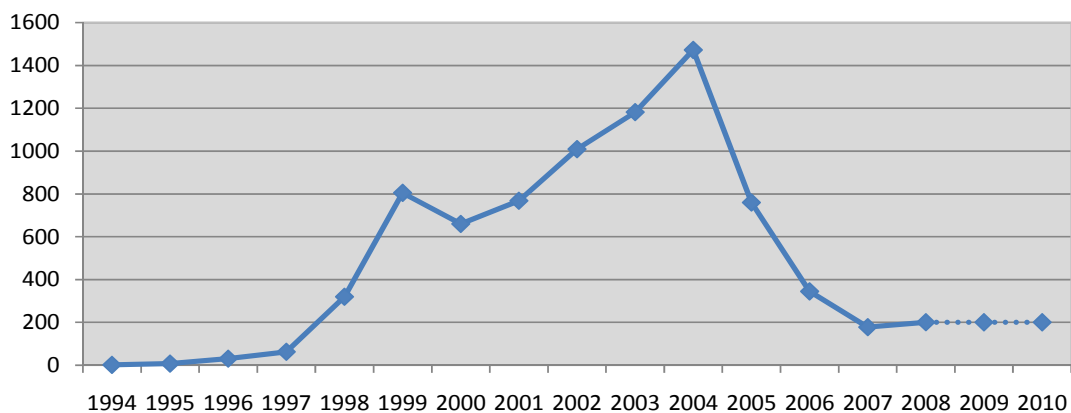
Also, the availability of alternative controlled substances may impact the supply/demand and price/purity for other drugs; so while price and purity tend to follow the economic principles of supply and demand, the distribution of illicit substances is a clandestine activity, and anomalies exist.

What Works

- Multi-jurisdictional drug enforcement task forces
- Coordinated intelligence collection, analysis, and dissemination
- Specialized training for law enforcement and prosecutors
- Highway drug interdiction
- Partnerships between enforcement and health care professionals focused on the investigation of legitimate drugs diverted to illicit use

Indicator #2-B

Number of Clandestine Methamphetamine Laboratory Responses



Source: Iowa Department of Public Safety

The Story Behind the Baseline

In recent years, methamphetamine abuse and its associated public safety and social problems have increased several-fold in Iowa. Treatment admissions with methamphetamine as the primary drug of choice accounted for 1.0% of all adults and juveniles screened/admitted to treatment in SFY 1992. This percentage increased with the meth epidemic peaking at 14.6% in 2004 and has since decreased to 7.5% in SFY 2008.

Methamphetamine is one of the few drugs of abuse which can be easily synthesized using items commonly found in most homes. As a result of the increased popularity of meth, the availability of precursors, and the ease of production, Iowa experienced a significant increase in the prevalence of small clandestine methamphetamine laboratories. These labs pose a significant public safety threat due to the use of caustic materials, their mobility, and the risk of fire and explosion. While these labs produce a relatively small

amount of meth they command a significant amount of law enforcement resources which would otherwise be spent on conspiracy type drug investigations.

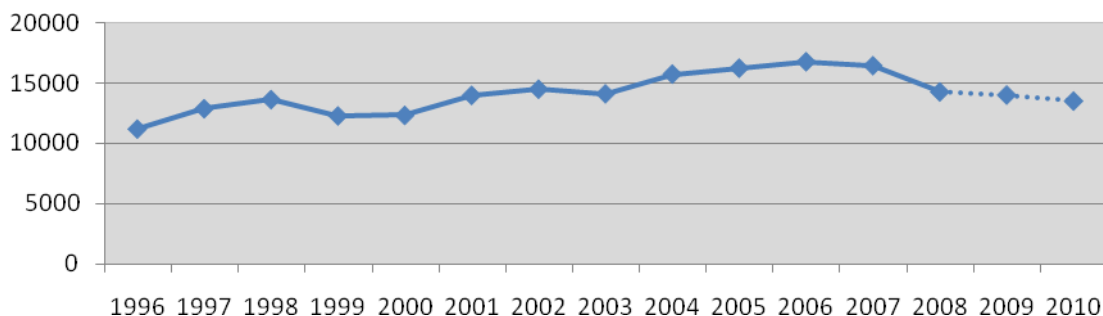
Since the passage of SF 169 in May 2005, there has been a significant drop in the number of methamphetamine labs in Iowa. In 2004, law enforcement officers seized an average of 125 meth labs per month. As of October 1, 2008, meth lab seizures have dropped to approximately 14 per month. In addition to SF 169 was the passage of the federal Combat Meth Epidemic Act, which included pseudoephedrine controls. Though in most cases not as restrictive as Iowa's law, the federal Act does make it more difficult for Iowa meth cooks to obtain pseudoephedrine in another state. Another tool in the fight to reduce meth labs was Iowa's introduction of a chemical meth inhibitor, Calcium Nitrate, which will render anhydrous ammonia virtually useless in the production of methamphetamine. While these are very positive changes, meth labs still pose a threat to Iowans and there is still work to be done.

What Works

- Specialized enforcement units to respond to and dismantle clan labs
- Multi-jurisdictional drug enforcement task forces
- Coordinated intelligence collection, analysis and dissemination
- Collaboration with community sectors such as business, human services, community corrections and health care
- Precursor tracking, point-of-sale controls and policies
- Anhydrous ammonia tank locks and the addition to the ammonia of the chemical inhibitor Calcium Nitrate

Indicator #2-C

Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other than Alcohol



Source: Iowa Department of Public Health – SARS

The Story Behind the Baseline

Appropriate and effective substance abuse treatment is essential in breaking the cycle of addiction and the associated public safety, public health and societal dysfunctions.

Few people enter substance abuse treatment without pressure from family members or sanctions from authority figures such as employers or criminal justice officials. For many illicit drug users an arrest is the first step in a long process of recovery and habilitation. In Iowa, more than half of the clients screened/admitted to substance abuse treatment are referred by the criminal justice system.

What Works

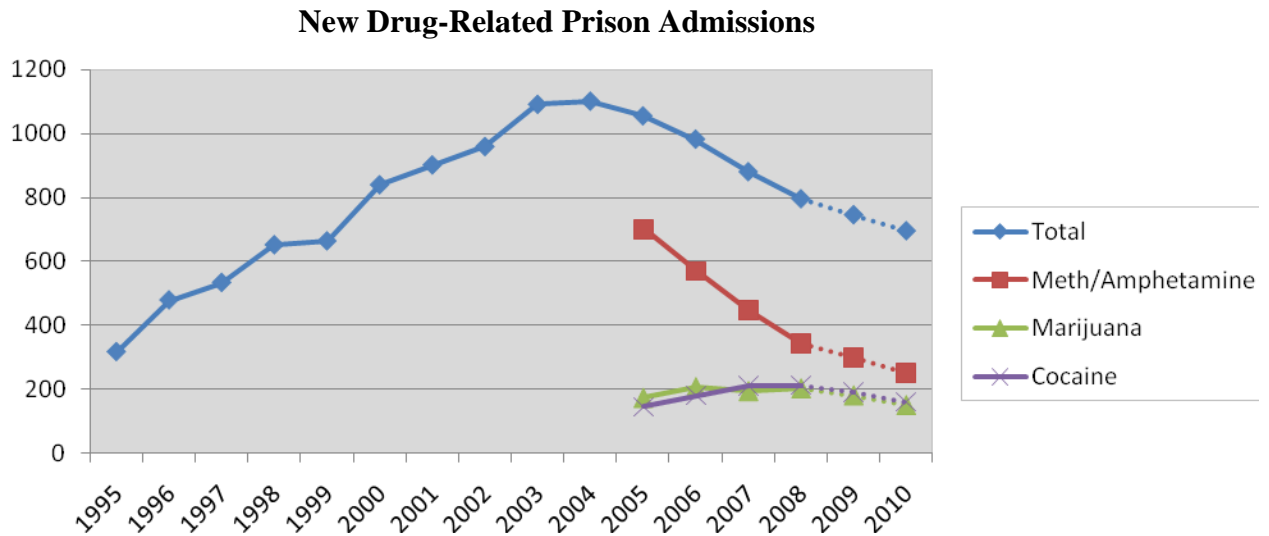
- Multi-jurisdictional drug enforcement task forces
- Coordinated intelligence collection, analysis and dissemination
- Zero tolerance drug enforcement
- Jail based treatment
- Drug courts
- Intensive supervision coupled with treatment
- Dual-diagnosis/co-occurring treatment programs

Results #2 – Possible Byrne Program Responses

- Programs to divert non-violent offenders from jail/prison to treatment
- Juvenile and adult drug court programs
- Programs to provide case management resources for community-based criminal offenders receiving treatment services
- Jail-based treatment programs
- Multi-jurisdictional drug enforcement task forces
- Program that use drug intelligence systems to increase law enforcement effectiveness
- Narcotics law enforcement training opportunities for local law enforcement and prosecutors
- Crime lab enhancements which reduce the turnaround time for evidence analysis
- Precursor diversion prevention and enforcement programs
- Programs that link correctional resources with law enforcement to enhance a drug offender's compliance with the conditions of probation/parole

Result #3: All Iowans are Safe from Drug Abusing Offenders

Indicator #3-A



Source: Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning

The Story Behind the Baseline

The use of alcohol and other drugs has long been associated with crime. Although the study has been discontinued, data collected by the Arrestee Drug Monitoring program (ADAM), shows a clear connection between the two. In 2003, in Polk County alone, 75% of males and 61% of females entering the jail tested positive for at least one controlled substance. Though the data above represents admissions to prison specifically for drug charges, it is related to a much broader range of criminal activity.

According to the FY 2006 State Legislation Monitoring Report by CJJP, drug-related admissions constituted 32.2% of all prison admissions at their peak in 2004. FY2005 saw the first reduction of drug-related prison admissions in a decade, and they have continued to decline for the fourth straight year. This reduction is largely driven by a sharp decline in meth cases after the implementation of SF169 in May of 2005. As demonstrated by the above chart, marijuana and cocaine admissions have remained relatively constant, and meth admissions have decreased dramatically. A breakdown of the data by drug type was not available until 2005.

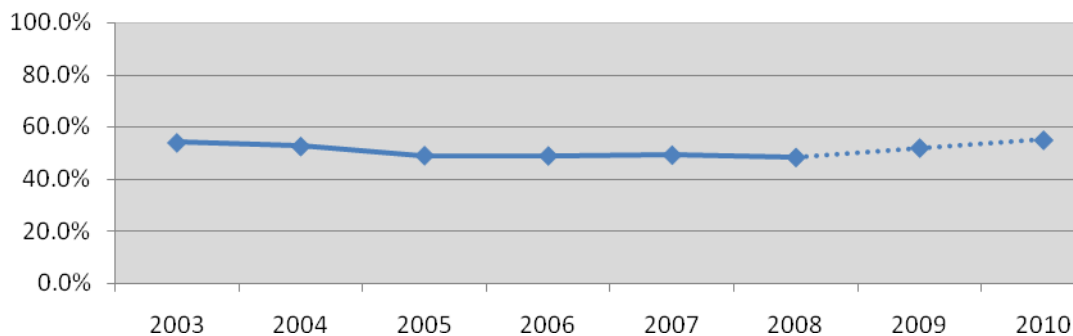
What Works

- Precursor controls
- Drug courts
- Drug-free housing
- Intensive supervision coupled with treatment
- Diversion to treatment

- Co-occurring disorder (substance abuse and mental health) programming and treatment
- Long-term aftercare programming and wrap around services to reduce recidivism
- Prison to community transitional and re-entry services
- Indicated prevention programs for at-risk youth
- Jail-based treatment

Indicator #3-B

Percent of Community Based Offenders With Identified Substance Abuse Treatment Needs Who Have Received Treatment



Source: Iowa Department of Corrections

**Beginning in FY2006 improvements were made to the Department of Corrections data collection and evaluation capabilities. As a result data prior to this fiscal year may not be compatible with data in FY2006 and beyond.*

The Story Behind the Baseline

Studies have shown that substance abuse treatment reduces drug use and crime. The Iowa Consortium for Substance Abuse Research and Evaluation conducts an annual outcomes evaluation of publicly funded drug treatment clients. Findings from the 2007 report include:

- 84.3% of clients reported no arrests in the six months post discharge from treatment.
- Full-time employment increased from 33% at treatment admission to 41.2% six months since discharge from treatment.
- 46.3% of clients remained abstinent six months since their discharge from treatment.

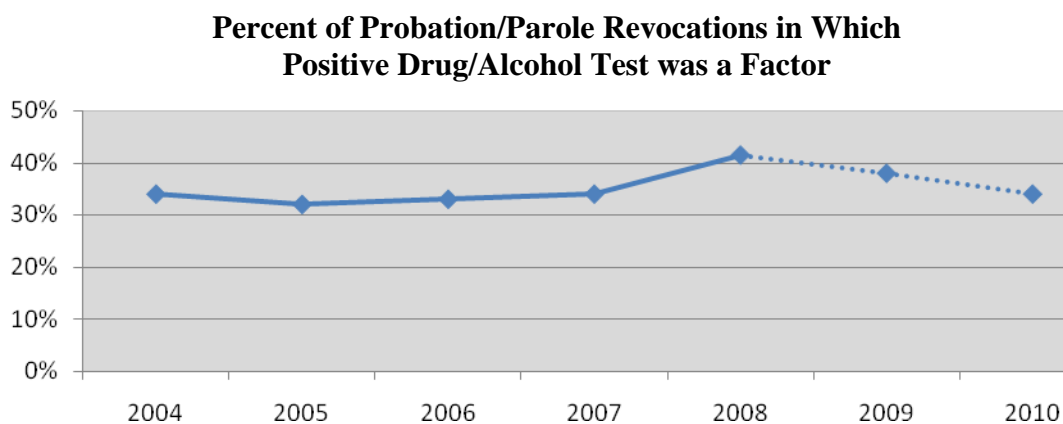
As the data demonstrate, all Iowans are safer when offenders returning into the community have completed substance abuse treatment.

What Works

- Institution-based treatment

- Therapeutic communities with aftercare
- Jail-based treatment
- Drug courts
- Drug-free housing
- Intensive supervision coupled with treatment
- Wrap-around services (e.g. life skills training, anger management classes, housing and transportation assistance) and Long term aftercare programming
- Dual-diagnosis/co-occurring programs

Indicator #3-C



Source: Iowa Department of Corrections

The Story Behind the Baseline

People who are abusing alcohol and drugs are more inclined to commit crimes and pose a public safety threat. About 90% of prison inmates abuse alcohol and/or drugs. Treatment works, but not all who need it receive it. In FY 2008, only 51% of prison inmates who needed treatment services received them. In addition, not all treatment programming is created equal. The treatment strategy goes a long way toward predicting future relapse and recidivism. Though not strictly probation clients, approximately one-third of individuals whose treatment length was 31-60 days remained abstinent in the six months after discharge from treatment, compared to approximately two-thirds of clients whose treatment length was over 60 days. Appropriate substance abuse treatment improves public safety, and tracking the number of probation/parole technical revocations due to substance use is an indicator of the quality of the treatment provided.

What Works

- Use of evidence-based best treatment practices
- Longer treatment length (up to 12 months)
- Individualized treatment plans
- Family involvement

- Faith-based treatment

Results #3 – Possible Byrne Program Responses

- Programs that divert non-violent offenders from jail/prison to treatment
- Jail-based drug treatment programs
- Co-occurring disorder community based programs
- Family drug courts
- Therapeutic community programs
- Prisoner re-entry programs
- Drug Endangered Children program

COORDINATION OF EFFORTS

Formula grant funds are administered by the Office of Drug Control Policy, headed by the state Drug Policy Coordinator. The Coordinator is directed by state statute (Iowa Code Chapter 80E) to do the following:

- coordinate and monitor all statewide drug enforcement efforts
- coordinate and monitor all state and federal substance abuse treatment grants and programs
- coordinate and monitor all statewide substance abuse prevention and education programs in communities and schools
- help coordinate the efforts of the state Departments of Corrections, Education, Public Health, Public Safety, and Human Services
- assist in the development and implementation of local and community strategies to fight substance abuse
- submit an annual report concerning state substance abuse activities and programs, including a needs assessment of substance abuse treatment programs and drug enforcement
- provide advisory budget recommendations relating to substance abuse treatment, enforcement, and prevention and education

The Coordinator chairs the 15-member Drug Policy Advisory Council, which is responsible for making policy recommendations to state departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention and treatment. Council membership consists of representatives from the state Departments of Corrections, Education, Human Services, Public Health, and Public Safety, a licensed substance abuse treatment specialist, a prosecuting attorney, a substance abuse treatment program director, the statistical analysis center director, a prevention specialist, a judge, and three law enforcement officers. Non-voting members include the United States Attorneys from the Northern and Southern Districts of Iowa, a member of the Iowa National Guard, and the director of the Iowa Consortium for Substance Abuse Research and Evaluation.

To provide direction for developing policies and programs, the Council has worked to identify and develop a series of databases specifically devoted to the organization and retention of information that describes a variety of alcohol and other substance abuse indicators. This information is reviewed and discussed regularly, and is used for making policy and program recommendations to state departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention, treatment and criminal justice. In addition, the data indicators serve as the foundation of the Iowa Drug Control Strategy

Performance Measures

The Governor's Office of Drug Control Policy will include language in all grantee sub-contracts which identify the performance measurements required by both the Byrne-JAG program and those specific to the American Reinvestment and Recovery Act of 2009. Quarterly reporting on these measures will be a condition of receiving grant funding.

Beginning with the grant cycle covering state fiscal year 2010 (July 2009-June 2010) the Governor's Office of Drug Control Policy will implement an electronic grant management system.

The grant management system will be capable of administering grants from application through close out. Financial and program reporting will be a standard component for each grant and will include the BJA Justice Assistance Grant Program Performance Measures along with the special reporting requirements of the recovery funding. Grantees will be required to submit these measures through the new grant management system on a quarterly basis.

In addition to those indicators prescribed by BJA, the Office of Drug Control Policy will continue to collect performance measures which track the activities and specific objectives of individual projects & programs. This information will be combined with the data collected for BJA in assessing program performance and will be submitted in the state annual report. The grant management system will require that sub-recipients be current with program progress reporting to be eligible to process financial claims for reimbursement.

Program related performance measures will be reported to the Department of Justice by ODCP on a quarterly basis by the Assistant Director of Programs. Financial performance measures will be reported to the Department of Justice on a quarterly basis by the Chief Financial Officer.